


FILED

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000074867

1. Limited Liability Company's Name

Sea Ayre LLC

2. Principal Office Address - No P.O. Box # 195 N. Airport Rd		3. Mailing Office Address PO Box 589	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tavernier FL		City & State Islamorada, FL	
Zip 33070	Country USA	Zip 33036	Country USA

4. State/Country of Formation	
FL	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	<input checked="checked" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Brian Lindback			
Street Address (P.O. Box Number is Not Acceptable) 195 N. Airport Rd			
Suite, Apt. #, Etc.			
City Tavernier		State FL	Zip Code 33070

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

700133997317
08/05/98 Date 01027--005 ***16.25

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Brian Lindback	195 N. Airport Rd	Tavernier FL 33070
			L. SELLERS
			AUG - 6 2008
			EXAMINER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing M

Signature of Managing Member/Manager [Signature] Date 2/25/08 Daytime Phone # 305 522 1310

Typed or printed name of signing Managing Member/Manager Brian Lindback