

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000 100972

1. Limited Liability Company's Name

Seacourts 1909 LLC

2. Principal Office Address - No P.O. Box #

9077 Boca Gardens Circle

Suite, Apt. #, etc.

South Unit E

City & State

Boca Raton FL

Zip

33496

Country

USA

3. Mailing Office Address

9077 Boca Gardens

Suite, Apt. #, etc.

Circle South Unit E

City & State

Boca Raton FL

Zip

33496

Country

USA

8. Name and Address of Current Registered Agent

Name

Mark Rouso

Street Address (P.O. Box Number is Not Acceptable)

1000 E Hollandale Beach Blvd

Suite, Apt. #, Etc.

Suite B

City

Hollandale Beach

State

FL

Zip Code

33009

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

Mark Rouso

REGISTERED AGENT MUST SIGN

Date 4/15/10

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	<u>Elenaora Don</u>	<u>9077 Boca Gardens Circle S</u> <u>Unit E</u>	<u>Boca Raton FL 33496</u>
MGR	<u>Michail Don</u>	<u>9077 Boca Gardens Cir South</u> <u>Unit E</u>	<u>Boca Raton FL 33496</u>
MGR	<u>Beri Golan</u>	<u>9077 Boca Gardens Cir South</u> <u>Unit E</u>	<u>Boca Raton FL 33496</u>

**REINSTATEMENT**

08/10 AL

11. E-mail Address: Elenaora123@yahoo.com

(To be used for future annual report notifications)

12. 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 Member/Manager

Elenaora Don

Date 4/15/10

Daytime Phone # (407) 791-8881

Typed or printed name of signing Managing Member/Manager

**FILED**

2010 MAY -3 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04/20/10--01044--021 \*\*416.25

CR2E041 (11/09)

4. State/Country of Formation

FL / Palm Beach County

5. Date Organized or Qualified  
To Do Business in Florida

9/26/2008

6. FEI Number

203623642

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☒ 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.