

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 DEC 20 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400188863134
12/20/10--01053--003 **437.50

CR2E041 (05/10)

DOCUMENT # L070000 20499

1. Limited Liability Company's Name

SEAS, LLC

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

3584 Julian Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3584 Julian Ave

Suite, Apt. #, etc.

City & State

North Port, Fl.

City & State

North Port, Fl.

Zip

Country

34286

SARASOTA

Zip

Country

34286

SARASOTA

4. State/Country of Formation

Florida - SARASOTA

5. Date Organized or Qualified
To Do Business in Florida

2/23/2007

6. FEI Number

20-8519869

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

FRANK E. WOOD

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

3584 Julian Ave

Suite, Apt. #, Etc.

City

North Port

State

FL

Zip Code

34286

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

Frank E. Wood

REGISTERED AGENT MUST SIGN

Date December 16, 2010

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
MEM	JEANNETTE WOOD	3584 Julian Ave North Port, Fl. 34286	North Port, Fl. 34286

REINSTATEMENT 09-10

12-10

11. E-mail Address: FEWOOD@Comcast.NET OR JW0003584@Comcast.NET
(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

Frank E. Wood

Date 12-16-2010

Daytime Phone #

941-698-7535

Typed or printed name of signing Managing Member/Manager

FRANK E WOOD