## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE: SIGNATURE AND TYPED BY PRINTED HAME OF SECURING MANAGING MEMBERS MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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Daytimo Phone #

	REINST	ATEMENT				LILED			
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Entity Name     SEA SPRAY HOLDINGS LLC					0.2 MO &	-4 AM 10: 1	+ t		
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3738 RACHE	ce of Business	Mailing Address 3738 RACHEL LANE					-,,		
NAPLES, FL 34103		NAPLES, FL 34103							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10292008	REIN-LLC	CR2E	E101 (1/07)		
City & State		City & State		4. fEl Numb	er			plied For at Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Currer	t Registered Agent		Name	7. Name and	Address of New R	egistered	Agent	
	, CATALDO J				<del></del>	<del></del>		<u>-</u>	
3738 RAC NAPLES,	HEL LANE FL 34103		Ľ	Street Address	(P.O. Box Numb	er is Not Acceptable	<del></del>		
,									
			(	City			FL	Zip Cod	9
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the purpose of changing its r	registered (	office or registe	red agent, or bo	th, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	ot and title dispulsation (NOTE)	'. Danishand A				DATE		
	Signations, types or printed harries of registered age	ot and like it appreaded. (AQTE:	: Kedisteled V	råeur siänatnie iedn	ired when reinstating)		UATE		
	LE NOW!!! FEE IS \$138.75 ary 1, 2009, Fee will be \$277.50	In accordance with s liability company did						payable to nent of State	0
After Janua 9.	ary 1, 2009, Fee will be \$277.50	liability company did BERS/MANAGERS	not receiv				Departn	nent of State	
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