

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14

FILED

NOV 07 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000021453

1. Limited Liability Company's Name

SEIDE MANAGEMENT, LLC

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

2630 S. Peninsula Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2630 S. Peninsula Drive

Suite, Apt. #, etc.

City & State

Daytona Beach Shores

City & State

Daytona Beach Shores

Zip

32118

Country

USA

Zip

32118

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

03/04/2009

6. FEI Number

N/A

☐ 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

Bradford B. Gornto

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

444 Seabreeze Boulevard

Suite, Apt. #, Etc.

Suite 200

City

Daytona Beach

State

FL

Zip Code

32118

600266313116
11/07/14--01031--002 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10/24/2014**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Hanscy Seide	2630 S. Peninsula Drive	Daytona Beach Shores, FL 32118

11. E-mail Address: **hanscyseide@hotmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

Date

Oct 26, 14

Daytime Phone # **386-257-1899**

Typed or printed name of signing Authorized Representative/Manager **Hanscy Seide, Manager**