

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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.

City & State

Daytona Beach Shores

Zip

32118

Country

USA

3. Mailing Office Address

2630 S. Peninsula Drive

Suite, Apt. #, etc.

City & State

Daytona Beach Shores

Zip

32118

Country

USA

8. Name and Address of Current Registered Agent

Name

Bradford B. Gornto

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

310 Wilmette Avenue

Apt. #, Etc.

Suite 5

City

Ormond Beach

State

FL

Zip Code

32174

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 12/1/2015

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles        | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip             |
|---------------|--|---|--------------------------------|
| MGR           | Hanscy Seide                                       | 2630 S. Peninsula Drive   | Daytona Beach Shores, FL       |
| Auth.<br>Rep. | Sandra Seide                                       | 2630 S. Peninsula Drive   | Daytona Beach Shores, FL 32118 |
|               |  |   |                                |
|               |  |   |                                |
|               |  |   |                                |
|               |  |   |                                |
|               |  |   |                                |
|               |  |   |                                |

**REINSTATEMENT**

DEC 14 2015

R. HUNT

11. E-mail Address: sandraseide@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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

12/7/15

Daytime Phone #

386-257-1899

Typed or printed name of signing authorized representative/member

Sandra Seide

15 DEC 14 AM 01:01

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

300280035819  
12/14/15--01035--007 \*\*238.75