

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
SEAGULL INVESTMENTS PROPERTIES LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$243.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 NOV 30 PM 5:03

DOCUMENT # L10000120696

Limited Liability Company's Name

Seagull Investments Properties LLC

Principal Office Address - No P.O. Box #		3. Mailing Office Address	
601 Brickell Avenue		601 Brickell Avenue	
Rte, Apt. #, etc.		Suite, Apt. #, etc.	
37th Floor		37th Floor	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33131	USA	33131	USA

CR2ED41 (1/14)

4. State/Country of Formation	
Florida	
5. Date Organized or Qualified To Do Business in Florida	
11/19/2010	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent	
Name	
CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) Suite,	
1300 South Pine Island Road	
Apt. #, Etc.	
City	State Zip Code
Plantation	FL 33324

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

Connie Bryan

Connie Bryan

Date 11/30/2015

REGISTERED AGENT MUST SIGN

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
MGRM	Seagull Investments Properties Limited	P.O. BOX 438	Road Town, Tortola VG1110 BV
			S. HAWKES
			NOV 30 11
			EXAMINER

11. E-mail Address: cosec@tmf-group.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 305.0012, 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. 817.165, F.S.

Signature of authorized representative/member

Direct Services Corp

Date

Daytime Phone #

Typed or printed name of signing authorized representative/member