

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 APR 28 AM 10:18

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L110000 22696

1. Limited Liability Company's Name

SeaHorse Partners LLC

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

9485 East Fairway Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

9485 East Fairway Terrace

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33411

Country

USA

Zip

33411

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

1/2011

6. FEI Number

L11000022696

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Jan Elizabeth Metzger f/k/a Jan Agardy

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

9485 East Fairway Terrace

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33411

500259068635
04/15/14--01028--017 **382.50

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

4/8/14

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	Jan Elizabeth Metzger	9485 E. Fairway Ter	West Palm Beach FL 33411

11. E-mail Address: tsthorse@aol.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 4/8/2014

Daytime Phone # 561-267-0460

Typed or printed name of signing Authorized Representative/Manager Jan Elizabeth Metzger

RG 4/28/14