


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2015 DEC 30 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 412000087175

1. Limited Liability Company's Name

Waterseast L.L.C

REINSTATEMENT 14-15

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <u>230-38TH AV. S.E</u>		3. Mailing Office Address <u>230-38TH AV. S.E</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>ST. Petersburg, FL</u>		City & State <u>ST. Petersburg, FL</u>	
Zip <u>33705</u>	Country <u>Pinellas</u>	Zip <u>33705</u>	Country <u>Pinellas</u>

4. State/Country of Formation <u>Florida, Pinellas</u>	
5. Date Organized or Qualified To Do Business in Florida <u>7/3/2012</u>	
6. FEI Number <u>45-5617809</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

8. Name and Address of Current Registered Agent

Name

GREGORY P. ANDERSON

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

230-38TH AV. S.E.

Apt. #, Etc.

200280492352

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City <u>ST. Petersburg,</u>	State <u>FL</u>	Zip Code <u>33705</u>
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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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/28/15

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
<u>MGR</u>	<u>GREGORY P. ANDERSON</u>	<u>230-38TH AV. S.E</u>	<u>ST. Pete, FL 33705</u>

11. E-mail Address: Cdebrayn@tampabay.rr.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

[Signature]

Date

12/28/15

Daytime Phone #

(727) 214-7773

Typed or printed name of signing authorized representative/member