

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2020 AUG 18 PM 12:07

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000028036

1. Limited Liability Company's Name
SEASIDE WATER LLC

2. Principal Office Address - No P.O. Box #
19227 FISHER ISLAND DR

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

Zip
33109

Country

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2EC41 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 02/09/2016

6. FEI Number
32-0487634

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

R & P ACCOUNTING & TAXES, INC.

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

150 SE 2nd AVE

Apt. #, Etc

SUITE 404

City

MIAMI

State
FL

Zip Code
33131

100850619841
08/19/20--01001--014 **125.00

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

8/14/2020

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	UNIQUE SOUND LIMITED	TRINITY CHAMBERS, P.O.BOX 4301	ROAD TOWN, TO 1110 BV
REINSTATEMENT			

AUG 18 2020

R. HUNT

11. E-mail Address: arodriguez@rpaccounting.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

8/14/2020

Daytime Phone #

954-309-6707

Typed or printed name of signing authorized representative/member

Paulo

Guthrie Rache Hamburg