

L98000001859

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY -6 PM 12:31

05/18/04

DOCUMENT # L98000001859

1. Limited Liability Company's Name

SEASIDE AT FISHER ISLAND LLC

REINSTATEMENT

1999-2004

2. Principal Office Address

3. Mailing Office Address

7653 FISHER ISLAND DR.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FISHER ISLAND

Zip

Country

Zip

Country

FL

USA

33109

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

9-15-98

6. FEI Number

☐ 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

JAMES K. NEFF

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

7653 FISHER ISLAND

Suite, Apt. #, Etc.

City

FISHER ISLAND,

State  
FL

Zip Code

33109

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

X James K. Neff

REGISTERED AGENT MUST SIGN

Date 5/5/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	JAMES K. NEFF	7653 FISHER ISLAND DRIVE	FISHER ISLAND, FL 33109

REINSTATEMENT

1999-2004

11. I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager

X James K. Neff

Date

5/5/04

Daytime Phone #

305 532 5721

Typed or printed name of signing Managing Member/Manager

JAMES K. NEFF

CR2E041 (10/02)