

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L98/2241

1. Limited Liability Company's Name
Seaford Circle, L.L.C.

REINSTATEMENT 2000

2. Principal Office Address <u>One Galleria Blvd.</u> Suite, Apt. #, etc. <u>1950</u> City & State <u>Metairie, LA</u> Zip <u>70002</u> Country <u>USA</u>		3. Mailing Office Address <u>One Galleria Blvd</u> Suite, Apt. #, etc. <u>Suite 1950</u> City & State <u>Metairie, LA</u> Zip <u>70002</u> Country <u>USA</u>	
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4. State/Country of Formation <u>FL Hillsborough</u>	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <u>72-1426506</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name <u>3000003488373-3</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>-12705700--01113-4003</u> <u>***150.00 ***150.00</u>		
Suite, Apt. #, Etc.		
City <u>Metairie</u>	State <u>FL</u>	Zip Code <u>70002</u>

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 [Signature] Date 11/7/00

REGISTERED AGENT MUST SIGN

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
<u>MGRM</u>	<u>Michael Smuck</u>	<u>One Galleria Blvd Suite 1950</u>	<u>Metairie, LA</u>

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 [Signature] Date 10/16/00 Daytime Phone # (504) 836-5075

Typed or printed name of signing Managing Member/Manager Michael Smuck