

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Nov 10, 2003 8:00**  
**Secretary of State**

**DOCUMENT # L98000002241**

**1. Limited Liability Company's Name**

SEAFORD CIRCLE, L.L.C.

400024529164  
11/10/03--01006--022 \*\*150.00

**2. Principal Office Address**

ONE GALLERIA BLVD

Suite, Apt. #, etc.

1950

City & State

METAIRIE, LA

Zip

70001

Country

**3. Mailing Office Address**

ONE GALLERIA BLVD

Suite, Apt. #, etc.

1950

City & State

METAIRIE, LA

Zip

70001

Country

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

10/13/1998

**6. FEI Number**

72-1426506

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

MICHAEL B. SMUCK

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

13016 LEEDS COURT

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33612

**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

Date 10/31/03

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
MGRM	MICHAEL B. SMUCK	ONE GALLERIA BLVD, STE. 1950	METAIRIE, LA 70001

**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

Date 10/31/03

Daytime Phone # 504-836-5075

Typed or printed name of signing Managing Member/Manager MICHAEL B. SMUCK

CR2E041 (10/02)