


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>L98-2580</u>			
<b>1. Limited Liability Company's Name</b> <u>Sea Wind Caribbean LLC</u>			
<b>2. Principal Office Address</b> <u>270 Clemone Ave</u> Suite, Apt. #, etc. <u>Longwood FL</u> City & State Zip <u>32750</u> Country <u>Seminole</u>		<b>3. Mailing Office Address</b> <u>N/A</u> Suite, Apt. #, etc.  City & State Zip Country	
		<b>4. State/Country of Formation</b> <u>Florida Seminole</u>	
		<b>5. Date Organized or Qualified To Do Business in Florida</b> <u>11/19/18</u>	
		<b>6. FEI Number</b>  <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>CC-00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b>			
Name <u>Trevor Caldwell</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>270 Clemone Ave</u>			
Suite, Apt. #, Etc. <u></u>			
City <u>Longwood FL</u>		State <u>FL</u>	Zip Code <u>32750</u>
<b>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.</b>			
Signature of Registered Agent <u>[Signature]</u>		Date <u>11/30/2000</u>	
(REGISTERED AGENT MUST SIGN)			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Trevor Caldwell	270 Clemone Ave	Longwood FL 32750
MGRM	John Caldwell	270 Clemone Ave	Longwood FL 32750
MGRM	Margaret Caldwell	270 Clemone Ave	Longwood FL 32750
<b>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.</b>			
Signature of Managing Member/Manager <u>[Signature]</u>		Date <u>11/29/2000</u> Daytime Phone (# <u>421</u> ) <u>222-6902</u>	
Typed or printed name of signing Managing Member/Manager <u>Trevor Caldwell</u>			

CR2E041 (9/99)

**FILED**  
00 DEC -4 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2000**