

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

01 DEC 14 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002580

1. Limited Liability Company's Name

Seawind Caribbean LLC

REINSTATEMENT 2001

2. Principal Office Address

21005 Grassy Pt. dr.

Suite, Apt. #, etc.

# 101

3. Mailing Office Address

P.O. Box 18105

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

Minneapolis, FL

Zip

32746 U.S.

Zip

34755 U.S.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified  
To Do Business in Florida

11-5-1998

6. FEI Number

593505545

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

Trevor Caldwell

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

21005 Grassy Point Dr.

Suite, Apt. #, Etc.

# 101

City

Lake Mary, FL

State

FL

Zip Code

32746

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]

REGISTERED AGENT MUST SIGN

Date 12/14/2001

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
owner	John Caldwell	21005 Grassy Point dr #101	Lake Mary, FL 32746
member	Maragaret Caldwell	21005 Grassy Point dr #101	Lake Mary, FL 32746
manager	Trevor Caldwell	21005 Grassy Point dr #101	Lake Mary, FL 32746

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 12/14/2001

Daytime Phone # 407 222 6902

Typed or printed name of signing Managing Member/Manager