

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

02 JAN 28 PM 2:03

DOCUMENT # L98000002969

1. Limited Liability Company's Name

~~1090-2000~~

Gulf Sea Adventures, LC

9/28/01

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-02/01/02--01060--013
*****50.00 *****50.00

2. Principal Office Address

1590 Oakbrook Dr

Suite, Apt. #, etc.

Suite 100

City & State

Norcross GA

Zip

30093

Country

USA

3. Mailing Office Address

1590 Oakbrook Dr

Suite, Apt. #, etc.

Suite 100

City & State

Norcross GA

Zip

30093

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12-18-98

6. FEI Number

58-2432216

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

Justin Finch

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

71198th Avenue North

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108 1

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*****150.00 *****150.00

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

Justin Finch

REGISTERED AGENT MUST SIGN

Date

1-24-02

10. Names and Street Addresses of Managing Members/Managers

Title

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

MGR Steve C. Johnston 1590 Oakbrook Dr Norcross GA 30093

MGR Rennie L. Johnston 1590 Oakbrook Dr Norcross GA 30093

MGR Kyle E. Anderson 1590 Oakbrook Dr Norcross GA 30093

Rein 100.00
01 UBR 50.00
02 UBR 50.00
200.00

REINSTATEMENT 2001-2002

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

Kyle E. Anderson

Date

12/27/01

Daytime Phone #

7704490836 #118

Typed or printed name of signing Managing Member/Manager

Kyle E. Anderson

CR2E041 (9/01)