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From:
Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : I19990000180
Phone : (305)357-5775
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LIMITED LIABILITY REINSTATEMENT

SEA BREEZE DEVELOPERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # I99000000503

1. Limited Liability Company's Name
SEA BREEZE DEVELOPERS, LLC

REINSTATEMENT 2002-2003

2. Principal Office Address	3. Mailing Office Address
16400 Collins Avenue	16400 Collins Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/28/1999

6. FEI Number: 650894575 ☐ 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: Ronald E. Fieldstone

Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle.

Suite, Apt. #, Etc.: Suite 601

City: Coral Gables State: FL Zip Code: 33134

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: 1/9/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Ingrid Angele	16420 Collins Avenue	Miami Beach, FL 33160
MGR	Manfred Schmuerle	16420 Collins Avenue	Miami Beach, FL 33160

11. I certify that I am managing member/manager of the member 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 name for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.508, 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: Angele Date: 1/9/03 Daytime Phone: 305-947-9594

Typed or printed name of signing Managing Member/Manager: Ingrid Angele

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