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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA REINSTATEMENT STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 21 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000000900

Name and Mailing Address

0006885 01 FP 0.352 **PRSR T1 0 0615 10601-510208



SOUTH SEAS HOTEL PROPERTIES L.C.
C/O LEIBMAN
8 CHESTER AVENUE
WHITE PLAINS NY 10601-5102



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 88 N.E. 168 STREET NORTH MIAMI BEACH FL 33162		5. Date Organized or Qualified To Do Business in Florida 02/17/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-6295265	
8. Name and Address of Current Registered Agent KLEIN, THEODORE J 88 N.E. 168 STREET NORTH MIAMI BEACH FL 33162		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		10. 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 3/6/03 REGISTERED AGENT MUST SIGN	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LEIBMAN, LEONARD S	8 CHESTER AVENUE	WHITE PLAINS NY 10601
			100013999621 03/13/03--01008--011 **200.00
			REINSTATEMENT 02-03
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12. 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 2/18/03 Daytime Phone # 914-948-6800

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)