

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000003032

Name and Mailing Address

0002482 01 AT 0.292 **AUTO T1 0 0615 32541-292565



SEASPRAY DEVELOPMENT, L.L.C.
1234 AIRPORT ROAD
SUITE 215
DESTIN FL 32541-2925

BK



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1234 AIRPORT ROAD SUITE 215 DESTIN FL 32541		5. Date Organized or Qualified To Do Business in Florida 05/24/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3581311	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent OLSON, RICHARD 1234 AIRPORT ROAD SUITE 215 DESTIN FL 32541		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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, do hereby certify that I am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date 11/19/03 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
MGRM	OLSON, RICHARD	1234 AIRPORT ROAD SUITE 215	DESTIN FL 32541
			300024923629 11/21/03--01033--015 **155.00
REINSTATEMENT 2003 BK			

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 Daytime Phone # 850-650-2858

Typed or printed name of signing Managing Member/Manager