

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Smit
Secretary of State
DIVISION OF CORPORATIONS

L99000005272

03 FEB 24 AM 9:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # L99000005272

Name and Mailing Address

0003849 01 FP 0,352 **PRST T2 0 0615 33408-452100
SEBAH HOLDINGS, L.L.C.
712 US HWY ONE
SUITE 400
NORTH PALM BEACH FL 33408-4521

[REDACTED]



2124 8002-2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 712 US HWY ONE SUITE 400 NORTH PALM BEACH FL 33408		5. Date Organized or Qualified To Do Business in Florida 08/24/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1080681 NOT APPLICABLE	
		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent COHEN, FRED C 712 US HWY ONE SUITE 400 NORTH PALM BEACH FL 33408		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *[Signature]* Date 1/16/03
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	SEBAH, ALAIN ARMAND	712 US HWY ONE SUITE 400	NORTH PALM BEACH FL 33408
MGR	Andrew Leibowitz	817 Donald Ross Rd.	No. Juno Beach, FL 33408
			800013041068 02/24/03--01082--006 **50.00
			800013041068 02/24/03--01082--005 **150.00

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 *[Signature]* Date 2/10/03 Daytime Phone # 561/627-5100
Andrew Leibowitz

**Florida Department of State
Certificate of Administrative Dissolution or Revocation**

On June 30, 2002, the Florida Department of State notified the limited liability company indicated below of its intent to dissolve/revoke said limited liability company for failure to file its 2002 uniform business report. Having met the requirements of Section 608, Florida Statutes, this limited liability company is hereby administratively dissolved or revoked effective October 4, 2002, for failure to file its 2002 uniform business report pursuant to Chapter 608, Florida Statutes.



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SEBAH HOLDINGS, L.L.C.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capitol, this the 4th day of October, 2002.

Jim Smith, Secretary of State

This limited liability company may be reinstated by filing the attached Application for Reinstatement signed by the Registered Agent and a managing member/manager and paying \$150.00 before January 1, 2003. After January 1, 2003 total amount due is \$200.00.

(RETAIN THIS CERTIFICATE FOR YOUR RECORDS)