

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

2004 APR -1 AM 7:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000000763

Name and Mailing Address

0015520 01 MB 0.309 **AUTO T7 0 0615 17584-945000



SEA R, LLC
100 WILLOW VALLEY LAKES DRIVE
WILLOW STREET PA 17584-9450



2. New Mailing Address		4. State/Country of Formation PA	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/25/2002	
Principal Place of Business 100 WILLOW VALLEY LAKES DRIVE WILLOW STREET PA 17584	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 04-3614101 APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9000031589059 04/01/04--01011--004 **200.00 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 <i>Steven P. Zimmer</i> SIGNATURE REQUIRED STEVEN P. ZIMMER SPECIAL ASSISTANT SECRETARY Date <u>3-25-04</u> 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	THOMAS, MARLIN H	100 WILLOW VALLEY LAKES DRIVE	WILLOW STREET PA 17584
MGRM	THOMAS, DORIS	100 WILLOW VALLEY LAKES DRIVE	WILLOW STREET PA 17584
REINSTATEMENT <u>2003-04</u>			

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

Marlin H. Thomas
SIGNATURE REQUIRED

Date 03/19/04

Daytime Phone # (717) 464-2741

Typed or printed name of signing Managing Member/Manager

Marlin H. Thomas

CR2E034 (7/03)