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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000003302

Name and Mailing Address

0015468 01 MB 0.309 \*\*AUTO T7 0 0615 11746-502944

SEAVANA LLC  
44 WAGON WHEEL LANE  
DIX HILLS NY 11746-5029

|  |  |   |                               |
|--|--|---|-------------------------------|
| 2. New Mailing Address   |  | 4. State/Country of Formation<br>NY   |                               |
| City, State, Zip   |  | 5. Date Organized or Qualified<br>To Do Business in Florida 12/11/2002  |                               |
| Principal Place of Business<br>44 WAGON WHEEL LANE<br>DIX HILLS NY 11746   | 3. New Principal Place of Business Address<br>City, State, Zip | 6. FEI Number<br>11-3519413   | Applied For<br>Not Applicable |
| 8. Name and Address of Current Registered Agent<br>ESPOSITO, KAREN<br>436 MARINER DRIVE<br>JUPITER FL 33477  |  | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required<br>for a Certificate of Status |                               |
| 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>500024391285<br>11/03/03--01096--018 **150.00<br>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.<br>Signature of Registered Agent <i>Karen Esposito</i> <b>SIGNATURE REQUIRED</b> Date 10/29/03<br>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  | ESPOSITO, JOSEPH   | 44 WAGON WHEEL LANE   | DIX HILLS NY 11746            |
| MGR  | ESPOSITO, KAREN  | 44 WAGON WHEEL LANE   | DIX HILLS NY 11746            |
| MGR  | ESPOSITO, LAUREN   | 44 WAGON WHEEL LANE   | DIX HILLS NY 11746            |
| MGR  | ESPOSITO, JOSEPH M   | 44 WAGON WHEEL LANE   | DIX HILLS NY 11746            |
| MGR  | ESPOSITO, KRISTIN  | 44 WAGON WHEEL LANE   | DIX HILLS NY 11746            |
| 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.<br>Signature of Managing Member/Manager <i>Joseph Esposito</i> <b>SIGNATURE REQUIRED</b> Date 10/29/03 Daytime Phone # 631-858-0357<br>Typed or printed name of signing Managing Member/Manager |  |   |                               |

CR2E084 (7/03)