

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000051083

1. Limited Liability Company's Name

SEABOARD REALTY MANAGEMENT COMPANY, Inc.

200034161692
04/27/04--01079--016 **120.00

REINSTATEMENT 01-04

2. Principal Office Address

12000 BISCAYNE BLVD.

3. Mailing Office Address

360 W. 31ST STREET

Suite, Apt. #, etc.

602

Suite, Apt. #, etc.

1000

City & State

N. MIAMI BEACH, FL

City & State

NEW YORK, NY

Zip

33181

Country

USA

Zip

10001

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 6/5/98

6. FEI Number

22-3581807

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

RICHARD J. ALAN CAHAN, ESQ., C/O BECKER & POLIAKOFF, P.A.

Street Address (P.O. Box Number is Not Acceptable)

ALHAMBRA TOWERS, 121 ALHAMBRA PLAZA

Suite, Apt. #, Etc.

1000

City

CORAL GABLES

State
FL

Zip Code
33134

9. 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

REGISTERED AGENT MUST SIGN

Date 3/22/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
D	B. MORTON GITTLIN	12000 BISCAYEN BLVD. #204	N. MIAMI BEACH, FL 33180
D	BRUCE D. GITTLIN	360 W. 31ST STREET, #1000	CORAL GABLES, FL 33181

200034161692

04/27/04--01079--016 **2400.00

11. 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 making 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 3/22/04

Daytime Phone# 212-244-4646

Typed or printed name of signing Managing Member/Manager

BRUCE D. GITTLIN

CR2E041 (10/02)