PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 10 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002332

1. Limited Liability Company's Name
Phantom Boats, LLC

2. Principal Office Address	**3.** Mailing Office Address
11661 University Parkway Blvd	11661 University Parkway Blvd
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Sarasota, Fl	City & State: Sarasota, Fl
Zip: 34243 Country: USA	Zip: 34243 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/01/00

6. FEI Number: 65-0997751 ☐ 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: John E. Napolitano
Street Address (P.O. Box Number is Not Acceptable): 100 Wallace Avenue
Suite, Apt. #, Etc.: Suite 240
City: Sarasota, Fl State: FL Zip Code: 34237

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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 John E. Napolitano Date: 12.6.01

CR2E041 (9/01)

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
Member	William Smith	11661 University Parkway, Suite B	Sarasota, Fl 34243
Manager	William Smith	11661 University Parkway, Suite B	Sarasota, Fl 34243

REINSTATEMENT

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 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: William Smith Date: 12/6/01 Daytime Phone # 941-957-1252

Typed or printed name of signing Managing Member/Manager: William Smith