

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000005916

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 15 AM 11:30

LIMITED LIABILITY COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L00000005916**

1. Limited Liability Company's Name
THE YACHT SHOP, LLC

REINSTATEMENT 2001-2003

700016065277
04/15/03--01032--009 **250.00

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida **05/23/00**

6. FEI Number **65-1010244**

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

2. Principal Office Address
444 E. PALMETTO PARK RD.

3. Mailing Office Address
444 E. PALMETTO PARK RD

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

Zip **33432** Country **USA**

8. Name and Address of Current Registered Agent

Name **HRAWG CORP.**

Street Address (P.O. Box Number is Not Acceptable) **1801 N. MILITARY TRAIL**

Suite, Apt. #, Etc. **SUITE 200**

City **BOCA RATON** State **FL** Zip Code **33431**

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 *James M. ...* Date _____

REGISTERED AGENT MUST SIGN

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
MGRM	KENNETH R. SWANSON	444 E. PALMETTO PARK ROAD	BOCA RATON, FL 33432
	REINSTATEMENT 2001-2003		

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 *Kenneth R. Swanson* Date *4/9/03* Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager **KENNETH R. SWANSON, MANAGING MEMBER**

CR2E041 (10/02)