PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
DIVISION OF CORPORATION
08 DEC 30 AM 11:10

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # L00000010043

1. Limited Liability Company's Name

Best of Boat Worlds, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
411 Seventh Avenue	411 Seventh Avenue
Suite, Apt. #, etc.: 1200	Suite, Apt. #, etc.: 1200
City & State: Pittsburgh, PA	City & State: Pittsburgh, PA
Zip: 15219 Country: USA	Zip: 15219 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 8/21/2000

6. FEI Number: 59-3669926 ☐ 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: Clark Grant

Street Address (P.O. Box Number is Not Acceptable): 464 SW 5th Avenue

Suite, Apt. #, Etc.:

City: Fort Lauderdale State: FL Zip Code: 33315

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 _____ Date 12/19/08

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
Mgr	Thomas A. Jennison	218 Tech Road	Pittsburgh, PA 15205
Mgr	Kathleen A. Jennison	218 Tech Road	Pittsburgh, PA 15205

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REINSTATEMENT 01-08

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 _____ Date 12-16-08 Daytime Phone # 412-855-3339

Typed or printed name of signing Managing Member/Manager: Thomas A. Jennison, Managing Member