

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000048848

1. Limited Liability Company's Name

Freedom Boat Company, LLC

2. Principal Office Address - No P.O. Box #

1133 South Alhambra Circle

Suite, Apt. #, etc.

3. Mailing Office Address

1133 South Alhambra Circle

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/2/2003

6. FEI Number

20-3192788

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

Moore & Co., P.A.

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

355 Alhambra Circle

Suite, Apt. #, Etc.

#1100

City

Coral Gables

State

FL

Zip Code

33134

E-mail Address:

mdelsol@moore-and-co.com

(To be used for future annual report notices)

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

*Moore & Co. PA*

Date 4/1/2011

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	Fausto Campuzano	1133 South Alhambra Circle	Coral Gables, FL 33146

JB

REINSTATEMENT 2006-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

*Fausto Campuzano*

Date 4/1/2011

Daytime Phone # 305-343-7785

Typed or printed name of signing Managing Member/Manager Fausto Campuzano, Managing Member



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2011

FREEDOM BOAT COMPANY, LLC  
1133 SOUTH ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146

SUBJECT: FREEDOM BOAT COMPANY, LLC  
Ref. Number: L03000048848

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FILED  
11 APR 15 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for FREEDOM BOAT COMPANY, LLC and your check(s) totaling \$932.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Jeraline Saulsberry  
Regulatory Specialist II

Letter Number: 711A00008953