NOTE: Please waite. Riinstatement Fee - See Below

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED FLORIDA DEPARTMENT OF STATE **PARTNERSHIP** Secretary of State 06 MAY 19 AM 10: 42 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT# A0200000311 Pur Seaverance LLLP 3. Mailing Office Address 2. Principal Office Address CR2E039 (11/05) Suite, Apt. #, etc. Date Formed or Registered To Do Business in Florida City & State City & State 5. FEI Number Applied For 020599402 Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 8. Name and Address of Current Registered Agent 7. FEES: Filing Fee(s): \$411.25 for each year due this office. Street Address (P.O. Box Number is Not Acceptable) 3064 Gulf Bate Dave Supplemental Fee(s): \$88.75 for each year due this office. Suite, Apt. #, Etc. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records Zip Code City State Sarasota FL 34231 9. Pursuant to the provisions of section 620,1810 or 620,1909, Florida Statutes, I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of Chapter 620, SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) City, State and Zip Code 3711 32 rd Street W Bradenton Fr 34205 P01000114024 Boat One, Inc. 400076018974 06/08/06--01042--004 **1000.00 REMSTATEMENT 05-06 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. ridglial CPA for Mark Antos **SIGNATURE** Typed or Printed Name of General Partner Signing Form Mark Antos, Pres. Bot One, Inc. Telephone Number (941)

annual report protices. Have enclosed an extra