

2001 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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L 0000001992

1. Limited Liability Company's Name

CARIBYACHT LLC

2. Principal Office Address

2495 S. Bayshore Drive

Suite, Apt. #, etc.

City & State

MIAMI, FL 33133

Zip

33133

Country

USA

3. Mailing Office Address

2495 S. Bayshore Drive

Suite, Apt. #, etc.

City & State

MIAMI, FL 33133

Zip

33133

Country

USA

4. State/Country of Formation

USA / FLORIDA

5. Date Organized or Qualified
To Do Business In Florida

APR 2000

6. FEI Number

65-0986978

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

GREG LOVAAS

500004687245--8

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

2495 South Bayshore Drive

11/19/01--01045--001

****150.00 ****150.00

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33133

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-15-01

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
CEO	Lillian Aronow	2495 S. Bayshore Drive MIAMI, FL 33133	MIAMI, FL 33133
CO	Greg LOVAAS	" "	" " "

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

[Signature]

Date 10-15-01

Daytime Phone #

305-324-6073

Typed or printed name of signing Managing Member/Manager

Gregory C. LOVAAS