

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 28 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L00000003646

1. Limited Liability Company's Name  
AQUA ISLES, LLC

2. Principal Office Address  
407-409 E HALLANDALE-BLVD

Suite, Apt. #, etc.

City & State  
HALLANDALE, FL

Zip  
33009

Country  
USA

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation  
U.S.

5. Date Organized or Qualified  
To Do Business in Florida 3-30-00

6. FEI Number  
65-0996778

Applied For  
Not Applicable

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

4/28 2001-2002-2003

**8. Name and Address of Current Registered Agent**

Name

Jo Ellen Carr

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

407-409 East Hallandale Boulevard

Suite, Apt. #, Etc.

City

Hallandale

State  
FL

Zip Code  
33009

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

*Jo Ellen Carr*

REGISTERED AGENT MUST SIGN

Date 4-22-03

**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	Jo Ellen Carr	407-409 E. Hallandale Blvd.	Hallandale, FL 33009

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

*Jo Ellen Carr*  
JO ELLEN CARR

Date 4-22-03

Daytime Phone #

(954) 648-2831  
(954) 394-5550

Typed or printed name of signing Managing Member/Manager

JO ELLEN CARR

CR2E041 (10/02)