PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 29 AM 10:27

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 05000005755

CR2E041 (8/05)

1. Limited Liability Company's Name

YACHT ONE SELECTS GROUP LLC

2. Principal Office Address	**3.** Mailing Office Address
757 SE 17TH ST.	757 SE 17TH ST
Suite, Apt. #, etc.: 992	Suite, Apt. #, etc.: 992
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33316 Country: USA	Zip: 33316 Country: USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business In Florida: 5/18/2006

6. FEI Number: 65 100 7959 ☐ 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: WILLIAM L. THOMSON
500061746485
11/29/05--01028--001 **50.00

Street Address (P.O. Box Number is Not Acceptable): 1116 NW 5TH COURT

Suite, Apt. #, Etc.:
500061746485
11/29/05--01028--002 **235.00

City: FORT LAUDERDALE State: FL Zip Code: 33311

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: Wm L. Thomson. Date: 11/25/05
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	WM L. THOMSON	1116 NW 5TH COURT	FORT LAUDERDALE, FL 33311
ME	DAVID FISCH	4903 NW 26TH WAY	FORT LAUDERDALE, FL 33309
ME	ELIZABETH THOMSON	1276 VICTORIA AVE	WINDSOR, ONT N8X 1N7
ME	WM. J. THOMSON	1276 VICTORIA AVE.	WINDSOR, ONT N8X 1N7
		DISSOLVED/REINSTATEMENT 03-05	

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: Wm L Thomson Date: 11/25/05 Daytime Phone #: 954 822-1304

Typed or printed name of signing Managing Member/Manager: Wm. WILLIAM L. THOMSON.