

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -5 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100076066341
06/12/06--01008--003 **350.00

202E041 (8/05)

DOCUMENT # L01000001052

1. Limited Liability Company's Name

Florida Keys Sailfish
limited Company

2. Principal Office Address

159 Tavernier Trail

3. Mailing Office Address

P.O. Box 9388

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tavernier, FL

City & State

Tavernier, FL

Zip

33070

Country

USA

Zip

33070

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

24 January 2001

6. FEI Number

65-1069211

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

SPIEGEL & UTRERA, P. A.

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

343 Almeria Avenue

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

Chie Sanchez

Date

05/14/2006

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
OP Mgr	Annie Jeanne Marie BLANC	159 Tavernier Trail	Tavernier, FL 33070
Sec	Jean-Pierre GOURINAT	159 Tavernier Trail	Tavernier, FL 33070

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

Annie Marie

Date

May 15, 2006

Phone # 1-305-853-0229

Typed or printed name of signing Managing Member/Manager

Annie BLANC