

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -3 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L01000005738

1. Limited Liability Company's Name

Dickey Yachts LLC

2. Principal Office Address - No P.O. Box #

701 Brickell Ave

Suite, Apt. #, etc.

Suite 3000

City & State

Miami FL

Zip

33131

Country

3. Mailing Office Address

701 Brickell Ave

Suite, Apt. #, etc.

Suite 3000

City & State

Miami FL

Zip

33131

Country

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

45-1108287

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

DAVID DICKEY

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

701 Brickell Ave

Suite, Apt. #, Etc.

Suite 3000

City

Miami

State

FL

Zip Code

33131

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

see below

Date

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
	MGRM Dickey, Lewis W	701 Brickell Ave Suite 3000	Miami, FL 33131
REINSTATEMENT 04-07			
100110177031 10/03/07--01023--014 **300.00			

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

Date

9-28-07

Daytime Phone #

404-229-7590

Typed or printed name of signing Managing Member/Manager

David Dickey