

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 10:40

DOCUMENT # L01000014129

1. Limited Liability Company's Name

Deepwater Properties, LLC.

2. Principal Office Address

7491 N. Federal Hwy.

Suite, Apt. #, etc.

C-5, # 285

City & State

Boca Raton, FL.

Zip

33487

Country

U.S.

3. Mailing Office Address

7491 N. Federal Hwy.

Suite, Apt. #, etc.

C-5, # 285

City & State

Boca Raton, FL.

Zip

33487

Country

U.S.

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

8-17-01

6. FEI Number

651148134

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

Bodzin, Martin I

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

621 N.W. 53RD ST.

Suite, Apt. #, Etc.

Suite 240

City

Boca Raton, FL. 33487

State

FL

Zip Code

33487

REINSTATEMENT 03-05

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

3-29-05

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	Michael Dalton	601 S. Federal Hwy #302	Boca Raton, FL. 33432

900050671049
04/13/05--01059--015 **255.00

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

[Signature]

Date

3-27-05

Daytime Phone #

(561) 750-9880

Typed or printed name of signing Managing Member/Manager

Michael Dalton

CR2EM1 (10/02)