


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L01000015230

1. Limited Liability Company's Name

MEISSNER BOAT SERVICES, LLC

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

3200 GulfShore Blvd. N.

Suite, Apt. #, etc.

Unit 410

City & State

NAPLES, FL

Zip

34103

Country

Collier

3. Mailing Office Address

3200 GulfShore Blvd. N.

Suite, Apt. #, etc.

Unit 410

City & State

NAPLES, FL

Zip

34103

Country

Collier

4. State/Country of Formation

FL / Collier

5. Date Organized or Qualified
To Do Business in Florida

Sept. 4, 2001

6. FEI Number

59-3752649

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

JEAN MEISSNER

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

3200 Gulf Shore Blvd. N.

Suite, Apt. #, Etc.

Unit 410

City

NAPLES

State

FL

Zip Code

34103

☒ 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

Jean Meissner
REGISTERED AGENT MUST SIGN

Date 1-2-08

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
<u>MEM</u>	<u>JEAN MEISSNER</u>	<u>3200 GulfShore Blvd. N.</u> <u>Unit 410</u>	<u>NAPLES, FL 34103</u>
<u>MEM</u>	<u>DAVID MEISSNER</u>	<u>3200 GulfShore Blvd. N.</u> <u>Unit 410</u>	<u>NAPLES, FL 34103</u>

800113820688
01/04/08--01037--008 **\$55.00

REINSTATEMENT 05-08

GA 1/7

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

Jean Meissner

Date 1-2-08

Daytime Phone # 239-824-3310

Typed or printed name of signing Managing Member/Manager

JEAN MEISSNER