

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 22 AM 7:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L01000018835

1. Limited Liability Company's Name

SHOWTIME CHARTERS KEY WEST, LLC

800031849938
04/05/04--01079--002 **150.00

2. Principal Office Address

509 Riverside Dr., Ste. 305

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

City & State

Stuart FL

City & State

Zip

34994

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 10-29-01

6. FEI Number

65-1148871

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

JULIO SANGUILY, III

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

509 Riverside Drive

Suite, Apt. #, Etc.

Suite 305

City

Stuart

State

FL

Zip Code

34994

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

Julio SangUILY, III
REGISTERED AGENT MUST SIGN

Date 4-2-04

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	JULIO SANGUILY, III	509 Riverside Dr., Ste. 305	Stuart, FL 34994

REINSTATEMENT 2003-2004

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

Julio SangUILY, III

Date 4-2-04

Daytime Phone# 772-263-1315

Typed or printed name of signing Managing Member/Manager

JULIO SANGUILY, III

CR2E041 (10/02)