

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT

Secretary of State
DIVISION OF CORPORATIONS

FILED

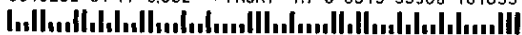
02 NOV 25 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800003873745
11/07/02--01074--003 **150.00

1. DOCUMENT # L01000021284

Name and Mailing Address

0010252 01 FP 0.352 **PRSRT H7 0 0615 33908-181655



OWL CREEK YACHT SALES, LIMITED LIABILITY COMPANY
12355 SUMMERWOOD DRIVE
FORT MYERS FL 33908-1816



2. New Mailing Address

City, State, Zip

Principal Place of Business

12355 SUMMERWOOD DRIVE
FORT MYERS FL 33908

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/06/2001

6. FEI Number

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

FULTON, WARING T
12355 SUMMERWOOD DRIVE
FORT MYERS FL 33908

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Waring T. Fulton

Date 11-18-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	WARING T. FULTON	12355 Summerwood Dr.	FT. MYERS, FL. 33908

REINSTATEMENT 2002

12/2 MSB

12. 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

Waring T. Fulton

Date

11/04/02

Daytime Phone #

239-944-543-2100

Typed or printed name of signing Managing Member/Manager

WARING T. FULTON

CR2E084 (8/02)