

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021284

Name and Mailing Address

0013981 01 AT 0.292 **AUTO T1 0 0615 33908-181655



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



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/06/2001	
Principal Place of Business 12355 SUMMERWOOD DRIVE FORT MYERS FL 33908	3. New Principal Place of Business Address	6. FEI Number NOT APPLICABLE	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FULTON, WARING T 12355 SUMMERWOOD DRIVE FORT MYERS FL 33908		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 W. T. Fulton Date 10/29/03

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
PRE	FULTON, WARING J	12355 SUMMERWOOD DRIVE	FORT MYERS FL 33908

REINSTATEMENT 03 005
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10/31/03--01022--017 **155.00

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 W. T. Fulton Date 10/29/03 Daytime Phone # 289-5432100

Typed or printed name of signing Managing Member/Manager W. T. Fulton - Pres.

CR2E094 (7/03)