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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

04 JAN -8 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000001773

Name and Mailing Address

0014193 01 AT 0.292 \*\*AUTO T2 0 0615 33957-670416



BOAT AWAY, SYSTEMS, L.L.C.  
716 CARDIUM STREET  
SANIBEL ISLAND FL 33957-6704

100026472371  
01/08/04--01015--015 \*\*200.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/01/2002	
Principal Place of Business 716 CARDIUM STREET SANIBEL ISLAND FL 33957	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1145397	Applied For Not Applicable
		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 URKOVICH, RONALD S 2323 WOOSTER LANE SUITE 2 SANIBEL FL 33957		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 <i>[Signature]</i> Date 12-31-03 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
	Terry Bredahl Managing Member	716 Cardium Street	Sanibel, FL 33957
	Kevin Vertesch Managing Member	1056 S. Yachtsman Drive Sanibel, FL 33957	Sanibel, FL 33957
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 <i>[Signature]</i> Date 11-10-03 Daytime Phone # 940-3981 Typed or printed name of signing Managing Member/Manager Kevin J. Vertesch, managing member			

CR2E084 (7/03)

REINSTATEMENT

03-04