

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # L02000004624		<b>FILED</b> 08 DEC -3 PM 3:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA 200138271732 11/26/08--01001--007 **516.25 CR2E041 (10/08)																					
1. Limited Liability Company's Name  PREMIER YACHT SALES, L.L.C.																							
2. Principal Office Address - No P.O. Box # 100 LAKE SHORE DR Suite, Apt. #, etc. #1551 City & State North Palm Bch FL 33408 Zip 33408																							
3. Mailing Office Address  Suite, Apt. #, etc.  City & State FL 33408 Zip Country		4. State/Country of Formation FLORIDA																					
		5. Date Organized or Qualified To Do Business in Florida 02/26/2002																					
		6. FEI Number 04-3651028 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																					
8. Name and Address of Current Registered Agent Name DONALD R WOODRUFF Street Address (P.O. Box Number is Not Acceptable) 100 LAKE SHORE DR Suite, Apt. #, etc. 1551 City North Palm Beach State FL Zip Code 33408		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status  <input type="checkbox"/> 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 DONALD R WOODRUFF Date 11/20/2008 REGISTERED AGENT MUST SIGN																							
10. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>President OWNER</td><td>DONALD R WOODRUFF</td><td>100 LAKE SHORE DR #1551</td><td>North Palm Bch 33408</td></tr><tr><td colspan="4">REINSTATEMENT 06-08</td></tr><tr><td colspan="4"></td></tr><tr><td colspan="4"></td></tr></tbody></table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	President OWNER	DONALD R WOODRUFF	100 LAKE SHORE DR #1551	North Palm Bch 33408	REINSTATEMENT 06-08											
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REINSTATEMENT 06-08																							
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 DONALD R WOODRUFF Date 11/29/08 Daytime Phone 361-776-7085 Typed or printed name of signing Managing Member/Manager																							



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 25, 2008

DAVE WOODRUFF  
4402 NW 51ST CT  
COCONUT CREEK, FL 33073

SUBJECT: PREMIER YACHT SALES, L.L.C.  
Ref. Number: L02000004624

We have received your document for PREMIER YACHT SALES, L.L.C. and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 808A00058480