

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 22 PM 3:10

1. DOCUMENT # L02000013298

Name and Mailing Address

0013675 01 AT 0.292 \*\*AUTO T9 0 0615 34655-393320



AZURE YACHTS USA, LLC  
2020 SEVEN SPRINGS BLVD  
NEW PORT RICHEY FL 34655-3933



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/28/2002	
Principal Place of Business 2020 SEVEN SPRINGS BLVD NEW-PORT-RICHEY FL 34655	3. New Principal Place of Business Address	6. FEI Number 02-0604447	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent PERICH, LARRY DR 2020 SEVEN SPRINGS BLVD NEW PORT RICHEY FL 34655		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>Jerry M. Puchner</i> REGISTERED AGENT MUST SIGN Date 11/14/03			
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
mgr	Dr. Larry Perich	2020 Seven Springs Blvd. New Port Richey, FL 34655	34655 900024171389 10/27/03-01095-001 **150.00
			503198900027 07/14/03 90091 037 50.00
			REINSTATEMENT 03-04 dce
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>Jerry M. Puchner</i> Date 10/23/03 Daytime Phone # 727-372-1311			
Typed or printed name of signing Managing Member/Manager			

CR2EC034 (7/03)