

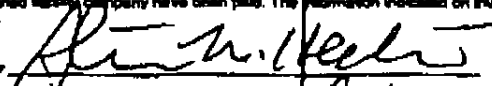
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 OCT -8 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L020000021847			
1. Limited Liability Company's Name SPOILED BOAT by DESIGN TEAM, LLC			
2. Principal Office Address 2367 BENT TREE RD Suite, Apt. #, etc. #2318 City & State PAUM HARBOR, FL Zip 34683		3. Mailing Office Address 2367 BENT TREE RD Suite, Apt. #, etc. #2318 City & State PAUM HARBOR, FL Zip 34683	
4. State/Country of Formation FLORIDA, UNITED STATES		5. Date Organized or Qualified To Do Business in Florida 8/26/02	
6. FEI Number 02-0639487		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒			

8. Name and Address of Current Registered Agent Name STEVEN M. HECHTMAN Street Address (P.O. Box Number is Not Acceptable) 2367 BENT TREE RD. Suite, Apt. #, etc. #2318 City PAUM HARBOR		State FL	Zip Code 34683
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.			
Signature of Registered Agent 		Date 10/7/04	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Member/Managers			
Title MGR	Name of Managing Member/Manager STEVEN M. HECHTMAN	Street Address of Each Managing Member/Manager 2367 BENT TREE RD #2318	City / State / Zip PAUM HARBOR, FL 34683
11. I certify that I am managing member/manager or the receiver or assignee of the limited liability company. 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 603.405, 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 		Date 10/7/04	
Typed or printed name of signing Managing Member/Manager STEVEN M. HECHTMAN		Daytime Phone 727-945-1876	

ORIGINAL (FORM)

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Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

SPOILED BRAT BY DESIGN TEAM, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 11, 2004

SPOILED BRAT BY DESIGN TEAM, LLC
2367 BENT TREE ROAD, STE. 2318
PALM HARBOR, FL 34683

SUBJECT: SPOILED BRAT BY DESIGN TEAM, LLC
REF: 102000021847

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

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) 245-6020.

Tammi Cline
Document Specialist

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Thank You!*

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