PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

03 NOV 10 AM 10: 53

1. DOCUMENT # L02000021857

Name and Mailing Address

0008548 01 AT 0.292 **AUTO T1 0 0615 33316-370922 In Handler Halland I. (1994) DOMIN WATERSPORTS, LLC 1922 S. OCEAN LANE FT. LAUDERDALE FL 33316-3709

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2. New Mailing Address 1922 S. OCEAN LN #2/6					State/Country of Formation FL		
City, State Zip H. Harderdahe FL 333/6					5. Date Organized or Qualified To Do Business in Florida 08/26/2002		
Principal Place of Business 3: NE 1922 S. OCEAN LANE FT. LAUDERDALE FL 33316			: New Principal Piace of Business Address によって と		56-22	6-2289895 Applied For Not Applied Applied For	
	#16 City,		City, State, Zip a bove		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
CAD	DELLED JOHN MUDICO		Name				
CAPPELLER, JOHN M JR,ESQ 350 CAMINO GARDENS BLVD. SUITE 303 BOCA RATON FL 33432			. Street Add		dress (P.O. Box Number is Not Acceptable)		
				City		FL	Zip Code
10. I, being appointed the registerer gent of the company and familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date /0-20-03 REGISTERED AGENT MUST SIGN							
11. Names and Street Addresses of Each Managing Member/Manager							
Title(s)	Name of Managing Members/Managers	bers/Managers		Street Address of Each Managing Member/Manager		City / State / Zip	
Pres	Mitchell Do	nin 1922 S		# 16		Ft. davd	FL33316
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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 filling 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

Signature of Managing Member/Manage

Typed or printed name of signing Managing Member/Managi