

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000024929

1. Limited Liability Company's Name

PLEASURE OF THE SEA, LLC

03

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

2. Principal Office Address

1730 E. Commercial Blvd.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33334

Country

USA

3. Mailing Office Address

1730 E. Commercial Blvd.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33334

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/24/02

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ROBERT S. FORMAN, P. A.

Street Address (P.O. Box Number is Not Acceptable)

2101 West Commercial Blvd.

Suite, Apt. #, Etc.

2800

City

Fort Lauderdale

State

FL

Zip Code

33309

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

[Signature]

Date 4/13/05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Kenneth L. Shimm	1730 E. Commercial Blvd. Ft. Lauderdale, FL 33334	Ft. Lauderdale, FL 33334

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REINSTATEMENT 2003-2005

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

[Signature]
Robert S. Forman, Authorized Representative
of a Member

Date 4/13/05

Daytime Phone # 954-735-0000

Typed or printed name of signing Managing Member/Manager