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REINSTATEMENT

APPLICATION FOR REINSTATEMENT

Granda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

L02000028118

FILED
2003 OCT 23 PM 1:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000028118

Name and Mailing Address

0010198 01 AT 0.292 **AUTO T7 2 0615 33770-400806



MAJESTY BOAT COMPANY, LLC
306 HARBORVIEW LANE
LARGO FL 33770-4008

700024028687
10/23/03--01010--015 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/23/2002	
Principal Place of Business 306 HARBORVIEW LANE LARGO FL 33770	3. New Principal Place of Business Address	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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		9. Name and Address of New Registered Agent	
ARSENAULT, KENNETH G JR 10225 ULMERTON ROAD, SUITE 2 LARGO FL 33771		Name GREG D. VELTMAN Street Address (P.O. Box Number is Not Acceptable) 306 HARBORVIEW LANE City LARGO FL 33770	
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		Date 10.19.03	
SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN			
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
MGRM	VELTMAN, GREG D	306 HARBORVIEW LANE	LARGO FL 33770

REINSTATEMENT **2003**

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

SIGNATURE REQUIRED

Date

10.19.03

Daytime Phone #

721.631.3784

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)