

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -3 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000020687

1. Limited Liability Company's Name

BLUE WATER YACHT CHARTERS, LLC

2. Principal Office Address - No P.O. Box #

237 LAFITTE RD.

Suite, Apt. #, etc.

3. Mailing Office Address

237 LAFITTE RD.

Suite, Apt. #, etc.

City & State

LITTLE TORCH KEY, FL

City & State

LITTLE TORCH KEY, FL

Zip

33042

Country

USA

Zip

33042

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

6-09-03

6. FEI Number

050572989

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

SHANNON STEEL

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

237 LAFITTE RD.

Suite, Apt. #, Etc.

City

LITTLE TORCH KEY

State

FL

Zip Code

33042

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

SHANNON STEEL

Date 7-26-07

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
MEM	SHANNON STEEL	237 LAFITTE RD	LITTLE TORCH KEY FL 33042
			200107466322 08/07/07--01057--020 **250.00
			REINSTATEMENT 05-07

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

SHANNON STEEL

Date 7-26-07

Daytime Phone # 202-669-4685

Typed or printed name of signing Managing Member/Manager

SHANNON STEEL