

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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To:

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08 DEC -5 AM 10:16

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

PONTOON CABIN CRUISERS OF FLORIDA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$521.25

516.25
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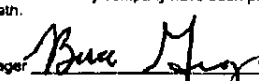
G. MCLEOD

DEC 08 2008

EXAMINER

H08000268477 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		08 DEC -5 AM 10:16 CR2E041 (10/08)	
DOCUMENT # L03000022735					
1. Limited Liability Company's Name Pontoon Cabin Cruisers of Florida, LLC					
2. Principal Office Address - No P.O. Box # 1276 Osceola Drive <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address Same as #2 <small>Suite, Apt. #, etc.</small>		4. State/Country of Formation Florida	
City & State Fort Myers, FL		City & State		5. Date Organized or Qualified To Do Business in Florida June 23, 2003	
Zip 33901	Country USA	Zip	Country	6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status				<input type="checkbox"/> 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.	
8. Name and Address of Current Registered Agent					
Name R & A Agents, Inc.					
Street Address (P.O. Box Number is Not Acceptable) 2320 First Street					
Suite, Apt. #, Etc.					
City Fort Myers		State FL	Zip Code 33901		
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 				Date 12/5/08	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
Mgr	Bruce T. Grady	1276 Osceola Drive		Fort Myers, FL 33901	
REINSTATEMENT <u>DL-08</u>					
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 				Date 12/5/08 Daytime Phone# 239-560-4900	
Typed or printed name of signing Managing Member/Manager Bruce T. Grady					