

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

9-16-05

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV -8 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000028303

1. Limited Liability Company's Name

Spirits By The Sea, LLC

CR2E041 (8/05)

2. Principal Office Address

600 Sandtree Drive

Suite, Apt. #, etc.

Suite 206-C

City & State

Palm Beach Gardens, FL

Zip

33403

Country

U.S.

3. Mailing Office Address

600 Sandtree Drive

Suite, Apt. #, etc.

Suite 206-C

City & State

Palm Beach Gardens, FL

Zip

33403

Country

U.S.

4. State/Country of Formation

FL / U.S.

5. Date Organized or Qualified
To Do Business in Florida

7/28/03

6. FEI Number

651076322

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

Renate Moore

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

113397 55th Road North

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

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

Renate Moore

Date 10-19-06

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	Renate Moore	113397 55th Road North	Royal Palm Beach FL 33411

200081116412
10/28/06--01037--016 **205.00

REINSTATEMENT

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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

Renate Moore

Date

10-19-06

Daytime Phone #

561-691-0832

Typed or printed name of signing Managing Member/Manager

Renate Moore