

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000030162

1. Limited Liability Company's Name

08

**Deepwater Associates, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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07/01/10--01035--016 \*\*516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # <b>980 NORTH FEDERAL HWY</b>		3. Mailing Office Address <b>980 NORTH FEDERAL HWY</b>	
Suite, Apt. #, etc. <b>216</b>		Suite, Apt. #, etc. <b>216</b>	
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>	
Zip <b>33432</b>	Country <b>U.S.</b>	Zip <b>33432</b>	Country <b>U.S.</b>

4. State/Country of Formation <b>Florida/U.S.</b>	
5. Date Organized or Qualified To Do Business in Florida <b>8/11/2003</b>	
6. FEI Number <b>542125750</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <sup>1</sup>	

8. Name and Address of Current Registered Agent			
Name <b>Mark S. Schecter</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>100 NE 3rd Avenue</b>			
Suite, Apt. #, Etc. <b>Suite 620</b>			
City <b>Fort Lauderdale</b>		State <b>FL</b>	Zip Code <b>33301</b>

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

REGISTERED AGENT MUST SIGN

Date

6/30/10

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	Michael Dalton	7491 NORTH FEDERAL HIGHWAY, C-5, #285	BOCA RATON FL 33487

**REINSTATEMENT 2008-2010**

11. E-mail Address: deepwaterflorida@aol.com

(To be used for future annual report notifications)

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

Date 6-30-10

Daytime Phone # 732-682-0376

Typed or printed name of signing Managing Member/Manager