

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000054318 1. Entity Name SUNSETS GROUP YACHTING, LLC					
Principal Place of Business 555 N.E. 15TH STREET MIAMI, FL 33132			Mailing Address 555 N.E. 15TH STREET MIAMI, FL 33132		
2. Principal Place of Business Suite, Apt. #, etc. 7471 SW 132 AVENUE		3. Mailing Address c/o ALEXIS CORRAL Suite, Apt. #, etc. 7471 SW 132 AVENUE			
City & State MIAMI, FL		City & State MIAMI, FL		12212004 REIN-LLC CR2E101 (6/04)	
Zip 33183		Country USA		4. FEI Number 37-1482452	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Deborah D. Skipper <small>(NOTE: Registered Agent Signature required when reinstating)</small>		1/5/2005 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, JOHN V 1585 N. BARRINGTON ROAD, #606 HOFFMAN ESTATES, IL 60194	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
REINSTATEMENT 2004-2005					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:		John V. Watson		01/03/2005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

FILED
 05 JAN -5 PM 3:17
 SECRETARY OF STATE
 TALLAHASSEE, FL 32301

