

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 NOV -6 AM 11:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000005684

1. Limited Liability Company's Name

PESCADORA PESCA DEPORTIVA, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
885 HARBOR ISLAND

Suite, Apt. #, etc.

3. Mailing Office Address
885 HARBOR ISLAND

Suite, Apt. #, etc.

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

Zip Country
33767 USA

Zip Country
33767 USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

1/20/2004

6. FEI Number

267-74-2633

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

ROBERT J. BURNSIDE

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

885 HARBOR ISLAND

Suite, Apt. #, Etc.

City
CLEARWATER

State
FL

Zip Code
33767

☐ 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

[Signature]

Date 11/01/07

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
MGRM	ROBERT J. BURNSIDE	885 HARBOR ISLAND	CLEARWATER, FL 33767

100111648101

REINSTATEMENT

11/02/07--01050--005 **205.00

06.07

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

[Signature]

Date 11/1/07

Daytime Phone# 727-461-3114

Typed or printed name of signing Managing Member/Manager

ROBERT J. BURNSIDE