

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000015251

1. Limited Liability Company's Name

YACHT SALES INTERNATIONAL LTD. CO.

2. Principal Office Address - No P.O. Box #

15333 OCEAN BREEZE LN
Suite, Apt. #, etc.

3. Mailing Office Address

15333 OCEAN BREEZE LN
Suite, Apt. #, etc.

City & State

WELLINGTON FL

City & State

WELLINGTON FL

Zip

33414

Country

U.S.

Zip

33414

Country

U.S.

4. State/Country of Formation

FLORIDA - UNITED STATES

5. Date Organized or Qualified
To Do Business in Florida

2-20-2004

6. FEI Number

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

TERRY L. SCHRUBB

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

15333 OCEAN BREEZE LANE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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 6-18-07

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
<u>MGR</u>	<u>TERRY L. SCHRUBB</u>	<u>15333 OCEAN BREEZE LN</u>	<u>WELLINGTON FL 33414</u>
			<u>800106016338</u>
			<u>07/12/07--01045--012 **250.00</u>

REINSTATEMENT

05, 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

Date 6-18-07

Daytime Phone # 561-309-2878

Typed or printed name of signing Managing Member/Manager

TERRY L. SCHRUBB