

2007

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# 50.00

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L04000027839

## 1. Limited Liability Company's Name

SHOW BOAT MANAGEMENT LLC

CR2E041 (8/05)

## 2. Principal Office Address

520 SO PENCE DELAWARE BLVD

Suite, Apt. #, etc.

City &amp; State

ST AUGUSTINE, FLORIDA

Zip

32084

Country

USA

## 3. Mailing Office Address

520 SO PENCE DELAWARE BLVD

Suite, Apt. #, etc.

City &amp; State

ST AUGUSTINE  
FLORIDA

Zip

32084

Country

USA

## 4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

4/12/04

## 6. FEI Number

20-1115062

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$50.00 Additional Fee required  
for a Certificate of Status

## 8. Name and Address of Current Registered Agent

Name

THOMAS A REITER ESQ BAR+M

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

50 NO LAURA ST

Suite, Apt. #, Etc.

STE 2750

City

JACKSONVILLE, FL 32202

## PRESENT AGENT

KATHRYN DANZEISEN ESQ

25485 MARSH LANDING PKY

PONTE VEDRA, FL

State

FL

Zip Code

32082

## 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 12/28/06

## 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
MANAGING MEMBER	DAVID P DANZEISEN	25485 MARSH LANDING PKY	PONTE VEDRA, FL 32082
MGR			

200088242762

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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

Date 12/28/06

Daytime Phone #

904-945-5400

Typed or printed name of signing Managing Member/Manager

DAVID P. DANZEISEN