

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 MAY -5 AM 10:35

DOCUMENT #

1. Limited Liability Company's Name

Engravers For Yatching, LLC

900179455119
04/30/10--01056--009 **516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 1361 SE 17th Street		3. Mailing Office Address 1361 SE 17th Street	
Suite, Apt. #, etc. F		Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33305	Country USA	Zip 33305	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 5/10/2004	
6. FEI Number 65-0389322	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Stuart Wardlaw, CPA PA		
Street Address (P.O. Box Number is Not Acceptable) 2929 E. Commercial Blvd.		
Suite, Apt. #, Etc. #501		
City Fort Lauderdale	State FL	Zip Code 33308

☐ 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]

REGISTERED AGENT MUST SIGN

Date 4-27-10

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
Mgr	Raymond Ramey	2472 SE 12th Street	Pompano Beach, FL 33062

REINSTATEMENT

2008-10 SEM

11. E-mail Address: RAMEY_R@BELLGOUTH.NET

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

[Signature: Raymond Ramey]

Date 4-26-10

Daytime Phone # 954-522-5501

Typed or printed name of signing Managing Member/Manager