

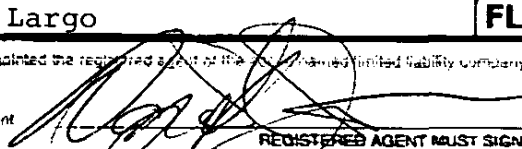
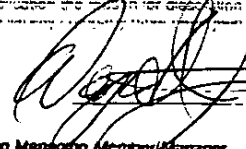
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000043657 1. Limited Liability Company's Name ROCKY CREEK BOATWORKS, LLC			
2. Principal Office Address - No P.O. Box # 12694 Ulmerton Road Suite, Apt. #, etc.		3. Mailing Office Address 12694 Ulmerton Road Suite, Apt. #, etc.	
City & State Largo, Florida Zip Country 33774 USA		City & State Largo, Florida Zip Country 33774 USA	
4. State/Country of Formation			
5. Date Organized or Qualified To Do Business in Florida June 8, 2004			
6. FBI Number 20-8388207		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Administrative Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name Wayne D. Johnston Street Address (P.O. Box Number is Not Acceptable) 12694 Ulmerton Road Suite, Apt. #, Etc. City Largo State FL Zip Code 33774		☐ 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  Date <u>3-20-07</u> 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	Wayne D. Johnston	12694 Ulmerton Road	Largo, FL. 33774
			000095222020
			03/29/07--01026--013 **100.00
			REINSTATEMENT 06-07
11. I hereby state I am managing member/manager of the above named limited liability company and am authorized to execute this application as provided for in chapter 608, F.S. I further certify that when the reinstatement application and fee for designation has been eliminated, the limited liability company name satisfies the requirements of section 608.06, F.S., and that as it made under oath. Signature of Managing Member/Manager  Date <u>3-20-07</u> Daytime Phone # <u>727-595-7919</u> Typed or printed name of signing Managing Member/Manager <u>Wayne D. Johnston</u>			