L04000049589

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302)531-0855
Fax Number : (302)531-3150

LIMITED LIABILITY REINSTATEMENT

PRELUDE MARINE YACHTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$250.00

RECEIVED
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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TALLAHASSEE, FLORIDA

DOCUMENT # L04000049589

1. Limited Liability Company's Name
PRELUDE MARINE YACHTS LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
Matthew STOKES Golden Sands n° 5, PO Box 9168	Matthew STOKES Golden Sands n° 5, PO Box 9168
Suite, Apt. #, etc. Flat n° 5117	Suite, Apt. #, etc. Flat n° 5117
City & State Mankhol Dubai	City & State Mankhol Dubai
Zip / Country UAE	Zip / Country UAE

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
7/1/2004

6. FEI Number
☐ Applied For
☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
INCORPORATING SERVICES, LTD.

Street Address (P.O. Box Number is Not Acceptable)
1540 GLENWAY DR.

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

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 Bruce O. Porta Date 12/7/06
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mr	Matthew STOKES	Golden Sands n° 5, PO Box 9168 Flat n° 5117	Mankhol Dubai , UAE

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 608.408, 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 07.12.2006 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Mr. Matthew STOKES

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