L04000049589

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000192468 3)))

H08000192468 3ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302)531-0855
Fax Number : (866)223-0765

FILED
08 AUG 11 AM 8:27
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

PRELUDE MARINE YACHTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$377.50

RECEIVED
08 AUG 11 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
AUG 12 2008
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG 11 AM 8:27

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000049589

1. Entity Name
PRELUDE MARINE YACHTS LLC

Principal Place of Business
GOLDEN SANDS NO 5
FLAT 5117
MANKHOL DUBAI, XX

Mailing Address
PO BOX 9168
MANKHOL DUBAI,

08062008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
GOLDEN SANDS NO. 5	P. O. BOX 9168
Suite, Apt. #, etc. FLAT 5117	Suite, Apt. #, etc.
City & State DUBAI	City & State DUBAI
Zip Country UAE	Zip Country UAE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name Incorporating Services, Ltd.
Street Address (P.O. Box Number is Not Acceptable) 1540 Glenway Drive
City Tallahassee FL Zip Code 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Melissa A. Murry, Assistant Secretary 8/11/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	STOKES, MATTHEW C	
STREET ADDRESS	GOLDEN SANDS NO 5	
CITY-ST-ZIP	MANKHOL DUBAI UAE,	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

REINSTATEMENT 2007-08

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Matthew C. Stokes, Manager 11.8.2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #