

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000074763

Entity Name: BENTBOAT.COM, LLC

FILED
Sep 25, 2007
Secretary of State

Current Principal Place of Business:

4550 ANGLERS AVE
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

3325 GRIFFIN RD
STE 280
FT. LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 76-0768469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKIE, RICHTER M
4550 ANGLERS AVE
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

NICKIE, RICHTER M
440 SW 12TH AVE
FT. LAUDERDALE, FL 33312 US

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.

SIGNATURE: NICKIE RICHTER

09/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RICHTER, NICKIE M
Address: 4550 ANGLERS AVE
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: MGRM () Delete
Name: SUTHERLIN, DAVID S
Address: 4550 ANGLERS AVE
City-St-Zip: FT. LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RICHTER, NICKIE M
Address: 440 SW 12TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: MGRM (X) Change () Addition
Name: SUTHERLIN, DAVID S
Address: 440 SW 12TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33312 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NICKIE RICHTER

MGRM

09/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date