

2007 LIMITED LIABILITY COMPANY REINSTATEMENT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 2:48

DOCUMENT # L04000092460

1. Entity Name
AMERICAN BOATWORKS, LLC

W07-45069



Principal Place of Business
**2060 51ST STREET, UNIT C
SARASOTA, FL 34234 US**

Mailing Address
**6146-B 15TH STREET E
BRADENTON, FL 34203 US**

2. Principal Place of Business - No P.O. Box #
2211 Fruitville Rd
Suite, Apt. #, etc.

3. Mailing Address
2211 Fruitville Rd
Suite, Apt. #, etc.

City & State
Sarasota FL
Zip Country
34237 Sarasota 34237 Sarasota

06142007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-2094950

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KINTER, CHARLES P
5823 MONROE
VENICE, FL 34293**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Charles P. Kinter* 10/07/07
Signature, typed or printed name of registered agent and state applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KINTER, CHARLES P 6146-B 15TH STREET E BRADENTON, FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DeVane, Sr., Billy 459 E University Ave Orange City, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, MICHEL 6146-B 15TH STREET E BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300110747363 10/12/07--01071--021 **105.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 included 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: *Charles P. Kinter* 10/07/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #