
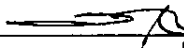



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000000678			
1. Limited Liability Company's Name  Boat Works, LLC			
2. Principal Office Address - No P.O. Box # 4315 Pablo Oaks Court Suite, Apt. #, etc. Suite 1 City & State Jacksonville, FL Zip 32224 Country US		3. Mailing Office Address 4315 Pablo Oaks Court Suite, Apt. #, etc. Suite 1 City & State Jacksonville, FL Zip 32224 Country US	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 01/03/05	
6. FEI Number 202088702		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name J. Taylor Bush Street Address (P.O. Box Number is Not Acceptable) 4315 Pablo Oaks Court Suite, Apt. #, Etc. Suite 1 City Jacksonville State FL Zip Code 32224			
<input checked="" type="checkbox"/> 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 10/30/09 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	J. Taylor Bush	4315 Pablo Oaks Court, Suite 1	Jacksonville, FL 32224
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 608.406, 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 10/30/09	Daytime Phone# 904-482-1113 904-482-1154
Typed or printed name of signing Managing Member/Manager		J. Taylor Bush	

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TALLAHASSEE, FL 32300

CR2E041 (10/08)

REINSTATEMENT

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