

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 MAR -6 P 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

**DOCUMENT # L0500011347**

1. Limited Liability Company's Name

L. PRINCESS, LLC

2. Principal Office Address - No P.O. Box #

150 N. Green Bay Road

Suite, Apt. #, etc.

City & State

Neenah, WI

Zip

54956

Country

USA

3. Mailing Office Address

150 No. Green Bay Road

Suite, Apt. #, etc.

City & State

Neenah, WI

Zip

54956

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 02/03/2005

6. FEI Number

20-2279999

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John J. McConnell

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

% Gilman Yachts of Fort Lauderdale, Inc.

Suite, Apt. #, Etc.

1510 S.E. 17th Street, Ste #300

City

Fort Lauderdale

State

FL

Zip Code

33316

☐ 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

REGISTERED AGENT MUST SIGN

Date Mar 5/2008

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	John F. Bergstrom	150 No. Green Bay Road	Neenah, WI 54956
			700120753577 03/19/08--01036--025 **521.75

**REINSTATEMENT**

06-08

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 Mar 5/2008 Daytime Phone # 920-725-3094

Typed or printed name of signing Managing Member/Manager John F. Bergstrom