

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000026975

1. Limited Liability Company's Name

Shipyard Sales

2. Principal Office Address - No P.O. Box #
102-5 Southard St

Suite, Apt. #, etc.

City & State

102-5 Southard St

Zip

33040

Country

US

3. Mailing Office Address

31 St Davids Ct

Suite, Apt. #, etc.

City & State

Stafford, VA

Zip

22556

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida

03/17/2005

6. FEI Number

33-1192006

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

Mark D Tobin

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

102-5 Southard St

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

☒ 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 **11/30/2007**

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	Mark D Tobin	31 St Davids Ct	Stafford, VA 22556
MGRM	Jennifer Tobin	31 St Davids Ct	Stafford, VA 22556

REINSTATEMENT

2007

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12/03/07--01059--012 **50.00

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 **11/30/2007**

Daytime Phone# **(540) 720-1117**

Typed or printed name of signing Managing Member/Manager **Mark D Tobin**