

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 30 PM 4:10

DOCUMENT # LO5000041260

1. Limited Liability Company's Name

THE BOAT, LLC

200157179762
06/15/09--U1053--024 **\$55.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # <u>16 TAHITI ISLAND RD</u>		3. Mailing Office Address <u>16 TAHITI ISLAND RD.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>CORAL GABLES, FL</u>		City & State <u>CORAL GABLES, FL</u>	
Zip <u>33143</u>	Country <u>USA</u>	Zip <u>33143</u>	Country <u>USA</u>

4. State/Country of Formation	<u>4/26/05</u>
5. Date Organized or Qualified To Do Business in Florida	<u>4/26/05</u>
6. FEI Number <u>20-2773018</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name <u>NEIL BAYER</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>3000 SHIPPING AVENUE</u>		
Suite, Apt. #, Etc.		
City <u>MIAMI</u>	State <u>FL</u>	Zip Code <u>33133</u>

☐ 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

Neil Bayer

Date 6/11/09

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
<u>MANAGING PARTNER</u>	<u>DAVID ERTEL</u>	<u>16 TAHITI ISLAND RD.</u>	<u>CORAL GABLES, FL 33143</u>

REINSTATEMENT

06-09

Let 6/30

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

Neil Bayer

ATTORNEY IN FACT
TRUSTEE
FOR EXECUTION

Date 6/11/09

Daytime Phone# 305 441 5966

Typed or printed name of signing Managing Member/Manager

NEIL BAYER