

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -4 PM 1:34

DOCUMENT # L05000068677

1. Limited Liability Company's Name

Aquastar Lures LLC

800171860598
05/04/10--01008--016 **138.75

800171860598
03/11/10--01002--029 **138.75
CR2E041 (11/09)

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

3354 Dover Drive

Suite, Apt. #, etc.

3. Mailing Office Address

3354 Dover Drive

Suite, Apt. #, etc.

City & State

Punta Gorda FL

City & State

Punta Gorda FL

Zip

33983

Country

USA

Zip

33983

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/12/2005

6. FEI Number

38-3726812

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

Christopher E Stone

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

3354 Dover Drive

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33983

☒ 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

Christopher E Stone

REGISTERED AGENT MUST SIGN

Date 03/8/10

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	Christopher E Stone	3354 Dover Drive	Punta Gorda, FL 33983

REINSTATEMENT 2009, 2010

09-2010

11. E-mail Address: Cheryl@reuterAccountingtax.net

(To be used for future annual report notifications)

12. 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

Christopher E Stone

Date 03/08/10

Daytime Phone #

941-380-5577

Typed or printed name of signing Managing Member/Manager

T Hamilton MAY - 5 2010