


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 20 AM 11:57

DOCUMENT # L06000027834		
1. Entity Name L-P BOATS, LLC		

Principal Place of Business 5601 COLLINS AVENUE, APT. 1023 MIAMI BEACH, FL 33140	Mailing Address 5601 COLLINS AVENUE, APT. 1023 MIAMI BEACH, FL 33140
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2. Principal Place of Business - No P.O. Box # 7700 Abbott Avenue Suite, Apt. #, etc. Apt 2	3. Mailing Address 7700 Abbott Avenue Suite, Apt. #, etc. Apt. 2
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City & State Miami Beach, Fl.	City & State Miami Beach, Fl.
Zip 33141	Zip 33141
Country USA	Country USA



02082008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent NAVARRO, ALEJANDRO J 5601 COLLINS AVENUE, APT. 1023 MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name Vicente J. Sanchez Street Address (P.O. Box Number is Not Acceptable) 7700 Abbott Avenue, Apt. 2 City Miami Beach FL Zip Code 33141	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE V Sanchez (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAVARRO, ALEJANDRO J 5601 COLLINS AVENUE, APT. 1023 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLOS E. SANCHEZ 7700 Abbott Avenue, Apt. 2 Miami Beach, Fl. 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, VICENTE J 7700 ABBOTT AVENUE, APT. 2 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200118290982 02/19/08--01006--005 **\$277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: V Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____