


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

3/1/08

FILED

08 FEB -7 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000036282		
1. Entity Name AICON YACHTS AMERICAS, LLC		

Principal Place of Business 1548 BRICKELL AVENUE MIAMI, FL 33129 US	Mailing Address 1548 BRICKELL AVENUE MIAMI, FL 33129 US
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2. Principal Place of Business - No P.O. Box # 1535 SE 17th Street	3. Mailing Address 1535 SE 17th Street
(Suite) Apt. #, etc. 111	(Suite) Apt. #, etc. 111

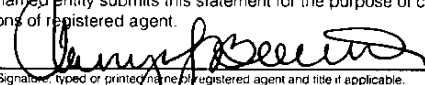
City & State Fort Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33316	Zip 33316
Country U.S.A.	Country U.S.A.



10292007 REIN-LLC CR2E101 (1/07)

4. FEI Number 86-1166440		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC 1548 BRICKELL AVENUE MIAMI, FL 33129		
7. Name and Address of New Registered Agent Name TANYA L. BOWER, ESQ. Street Address (P.O. Box Number is Not Acceptable) 110 SE 16th Street 15th Floor City Ft. Lauderdale FL Zip Code 33301		

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  DATE 1/8/08

(NOTE: Registered Agent signature required when reinstating)

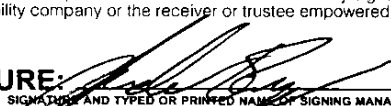
Make check payable to Florida Department of State	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SICLARI, PASQUALE VIA LARGA 15 MILAN, IT 20122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500115540735 01/18/08--01041--003 <input type="checkbox"/> Change <input type="checkbox"/> Addition **205.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500115540735 02/20/08--01007--010 <input type="checkbox"/> Change <input type="checkbox"/> Addition **172.50
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

REINSTATEMENT

01-08

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  DATE 1/8/08 954-713-8108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE