

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 29 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # LO6000096874

1. Limited Liability Company's Name

ALLaround BOAT Detail LLC

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

4421

3. Mailing Office Address

4421

Suite, Apt. #, etc.

SW 14TH Ave

Suite, Apt. #, etc.

SW 14TH Ave

City & State

Cape Coral FL

City & State

Cape Coral FL

Zip

33914

Country

USA

Zip

33914

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/07 - 8/08

6. FEI Number

949 71 6620

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

SIMON M Sutherland

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

4421 SW 14TH Ave

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

☒ 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

Simon Sutherland

Date 12/20/07

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>None AT THIS TIME</u>		
<u>NGRM</u>	<u>SIMON Sutherland</u>	<u>4421 SW 14TH Ave</u>	<u>Cape Coral FL 33914</u>

REINSTATEMENT

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

Simon Sutherland

Date 12/20/07 Daytime Phone # 239 560 3361

Typed or printed name of signing Managing Member/Manager