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LIMITED LIABILITY REINSTATEMENT
DONALD YACHT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$377.50

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # L07000070813

1. Limited Liability Company's Name

Donald Yacht, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
320 Spyglass Way	555 Military TRL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	22-272
City & State	City & State
Jupiter, FL	Jupiter, FL
Zip / Country	Zip / Country
33477 / USA	33458 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 7-9-2007

6. FEI Number: ☐ 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: Don Horwitz

Street Address (P.O. Box Number Is Not Acceptable): 320 Spyglass Way

Suite, Apt. #, Etc.:

City: Jupiter | State: FL | Zip Code: 33477

E-mail Address: _____ (To be used for future annual report notices)

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: Don Horwitz Date: 2/24/11
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
MGR	Don Horwitz	660 NW 125th Street	North Miami, FL 33168

REINSTATEMENT - 2010 + 2011

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 608.400, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Don Horwitz DON HORWITZ PRESIDENT Date: 2/24/11 Daytime Phone #: 305-799-4434

Typed or printed name of signing Managing Member/Manager: _____

C.L