

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000029841

1. Limited Liability Company's Name

E&E Boating, LLC

2. Principal Office Address - No P.O. Box #
238 Palermo Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

238 Palermo Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

3/24/2008

6. FEI Number

26-2242840

☐ 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

Laurie Weil

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

238 Palermo Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

Laurie Weil
REGISTERED AGENT MUST SIGN

Date 6/17/2010

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	Edmund Santiago	7223 Monaco Street	Coral Gables, FL 33143
MGRM	Eugenio Chinchilla	7255 SW 54 Ct.	Coral Gables, FL 33143

S. HAWKES

JUN 25 2010

EXAMINER

owles

11. E-mail Address: LWEIL@REDBRIDGE.CC

(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

Edmund Santiago

Date 6/17/2010

Daytime Phone # 305-232-9040

Typed or printed name of signing Managing Member/Manager Edmund Santiago