

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

NOT RECORDED
AND
FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 SEP -4 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000067302

1. Limited Liability Company's Name

Yachta One LLC

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

912 McGuire CT.
Suite, Apt. #, etc.

3. Mailing Office Address

912 McGuire CT.
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32303

Country

U.S.

Zip

32303

Country

U.S.

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

Joshua Harris

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

912 McGuire CT.

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

600276793686
09/08/15--01001--025 **680.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

J. Harris

REGISTERED AGENT MUST SIGN

Date 9/4/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Josh Harris	912 McGuire CT.	Tallahassee, FL 32303
MGR	Scott Harris	10427 Stonebridge Blvd	Boca Raton, FL 33498
REINSTATEMENT			
RLH			

11. E-mail Address: FSUJosh@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

J. Harris

Date 9/4/15

Daytime Phone # 561-789-3911

Typed or printed name of signing authorized representative/member

I Scott Harris, Managing
member of Yachta One LLC
hereby release the name Yachta One LLC
and have no intention to reinstate
L14000033176.

RECEIVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP -4 PM 4:30

RECEIVED
AND
FILED

Scott Harris → 9/4/15

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP -4 PM 3:34

RECEIVED

ASH