

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 SEP -3 AM 10:07

DOCUMENT # L13000173219

1 Limited Liability Company's Name

BOATING AT THE PIER, LLC

500872987225
09/07/21--01004--002 **1210.00

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

126 9TH AVENUE NE

Suite, Apt. #, etc.

3 Mailing Office Address

126 9TH AVENUE NE

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33701

Country

US

Zip

33701

Country

US

CR2E041 (1/14)

4 State/Country of Formation

FL/US

5 Date Organized or Qualified
To Do Business in Florida

6 FEI Number

86-1158315

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

TERRY PORTER

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

126 9TH AVENUE NE

Apt. # Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33701

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 Terry Porter Sep 2, 2021 11:14 EDT

Sep 2, 2021

Date

REGISTERED AGENT MUST SIGN

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
MGRM	TERRY PORTER	126 9TH AVENUE NE	ST. PETERSBURG, FL 33701
MGRM	DAN PERETZ	4737 GULF BLVD.	ST. PETE BEACH, FL 33706
MGRM	TOM KOSCICA	6095 6TH AVENUE N	ST. PETERSBURG, FL 33710

11 E-mail Address WATERBUG1944@YAHOO.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 Terry Porter Sep 2, 2021 11:14 EDT

Date

Sep 2, 2021

Daytime Phone #

Terry porter

Typed or printed name of signing authorized representative/member Terry porter