

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 NOV -7 AM 9: 32

800305458728
11/07/17--01017--012 **238.75

NOV - 7 2017

L BERGER

CR2E041 (1/14)

DOCUMENT # L16000052331

1. Limited Liability Company's Name

Florida Auto & Boat Works, LLC

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

110 Delaware Blvd.

Suite, Apt. #, etc.

Apt. 6A

City & State

Jupiter, Florida

Zip

33458

Country

U.S.

3. Mailing Office Address

110 Delaware Blvd.

Suite, Apt. #, etc.

Apt. 6A

City & State

Jupiter, Florida

Zip

33458

Country

U.S.

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified
To Do Business in Florida

3/07/2016

6. FEI Number

81-1710915

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

John Reidel

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

110 Delaware Blvd.

Apt. #, Etc.

Apt. 6A

City

Jupiter

State

FL

Zip Code

33458

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

REGISTERED AGENT MUST SIGN

Date Oct 11 2017

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	John Reidel	110 Delaware Blvd. Apt. 6A	Jupiter, FL 33458

11. E-mail Address

John@JTonesCPA.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

Date

Oct 11 2017

Daytime Phone #

561-255-5684

Typed or printed name of signing authorized representative/member