

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L93000000012

1. Limited Liability Company's Name

Kelly Boat Services, LC

FILED

09 DEC 14 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500163590645
12/14/09--01059--017 **\$55.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 4635 Gulfstarr Drive		3. Mailing Office Address 4635 Gulfstarr Drive NE		4. State/Country of Formation Florida	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300		5. Date Organized or Qualified To Do Business in Florida 12/30/1992	
City & State Destin, FL		City & State Destin, FL		6. FEI Number 59-3228037	
Zip 32541	Country USA	Zip 32541	Country USA	Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Whitney Hipsh; Fleet Spencer & Kilpatrick, PA
Street Address (P.O. Box Number is Not Acceptable)
1283 N. Eglin Parkway
Suite, Apt. #, Etc.
Suite A
City
Shalimar
State
FL
Zip Code
32579

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 12/2/09

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	Larry Reeder	4635 Gulfstarr Dr., Su. 300	Destin, FL 32541
Mgr	Imogene Kelly	950 Hwy. 98 E., #7102	Destin, FL 32541
Mgr	Carol Kelly	5218 Lickton Pike	Goodlettsville, TN 37072

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11. E-mail Address:

(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

Date 12-9-09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

N. O'Connell DEC 15 2009