

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV -6 PM 14:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000839

1. Limited Liability Company's Name

BoatClubsAmerica, L.L.C.

2. Principal Office Address  
1431 Railhead Blvd.,

3. Mailing Office Address  
1431 Railhead Blvd.

Suite, Apt. #, etc.  
Suite 2

Suite, Apt. #, etc.  
Suite 2

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

34110

USA

Zip

Country

34110

USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida

6/22/98

6. FEI Number

59-3518376

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

James D. Vogel

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

3936 Tamiami Trail North

000008843460

Suite, Apt. #, Etc.

Suite B

City

Naples, FL

State  
FL

Zip Code  
34110

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 11/5/02

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	Edward J. Ruff	1431 Railhead Blvd., Suite 2	Naples, FL 34110
MGR	Patrick Ruff	1431 Railhead Blvd., Suite 2	Naples, FL 34110
MGR	Gregory Shepard	625 Stanwix Street	Pittsburgh, PA 15222

REINSTATEMENT

11. 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 11/5/02

Daytime Phone # 239-430-4994

Typed or printed name of signing Managing Member/Manager



ACCOUNT NO. : 072100000032

REFERENCE : 810037 10250A

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pigute*

ORDER DATE : November 6, 2002

ORDER TIME : 1:35 PM

ORDER NO. : 810037-015

CUSTOMER NO: 10250A

CUSTOMER: Ms. Chris L. Wohlbrandt  
Vogel Law Office  
3936 Tamiami Trail North  
Midwest Title Building, Suite  
Naples, FL 34103-3592

DOMESTIC FILINGS

NAME: BOATCLUBSAMERICA, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
02 NOV -6 PM 4:02  
DIVISION OF CORPORATION