

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 NOV -3 AM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003041

1. Limited Liability Company's Name

ADVENTURE SAILING L.L.C

2. Principal Office Address

1071 ASPRI WAY

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip

33418

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

12-4-98

6. FEI Number

59-3545431

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

RANDAL C. FARBANKS

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

217 PONTE VELA PARK DRIVE 100003456411-1

Suite, Apt. #, Etc.

SUITE 200

City

PONTE VELA BEACH

State

FL

Zip Code

32082

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

Randal C. Farbanks

REGISTERED AGENT MUST SIGN

Date 10/31/00

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
MEMBER	JOHN C. MARDALL	1071 ASPRI WAY	PALM BEACH GARDENS FLORIDA 33418
MEMBER	MARGARET D. MARDALL	1071 ASPRI WAY	PALM BEACH GARDENS FLORIDA 33418

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

John C. Mardall

Date 10-22-2000

Daytime Phone #

561 848 8455

Typed or printed name of signing Managing Member/Manager

JOHN C. MARDALL