

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

01 DEC 17 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000516

1. Limited Liability Company's Name

PLANTATION YACHT HARBOR
MANAGEMENT CO., L.L.C.

2. Principal Office Address

2000 S. Dixie Hwy

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-0830851

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

EZRA KATZ

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

2665 S. Bayshore Dr.

Suite, Apt. #, Etc.

PH-2A

City

Coconut Grove

300004739279

-12/26/01--01069--017

****150.00 ****150.00

State

FL

Zip Code

33133

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

[Signature]

Date

10/31/01

REGISTERED AGENT MUST SIGN

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
MEM	B. Ashbeck	2000 S. Dixie Hwy #100	Miami, FL 33133
MEM	Joseph Maria	SAME AS ABOVE	
MEM	Ezra Katz	2665 S. Bayshore Dr PH-2A Coconut Grove, FL	33133

REINSTATEMENT

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dec

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

[Signature]

Date

10/31/01

Daytime Phone #

305-888-7744

Typed or printed name of signing Managing Member/Manager

BOAZ ASHBEK

CR2E041 (9/00)