

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Glenn E. Good  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 12 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000000516

Name and Mailing Address

0005907 01 AT 0.292 \*\*AUTO T3 0 0615 33133-245525



PLANTATION YACHT HARBOR MANAGEMENT COMPANY, L.L.C.  
2000 S. DIXIE HWY., SUITE 100  
MIAMI FL 33133-2455



2. New Mailing Address

SAME

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 01/29/1999

Principal Place of Business

2000 S. DIXIE HWY., SUITE 100  
MIAMI FL 33133

3. New Principal Place of Business Address

SAME

City, State, Zip

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

PLANTATION YACHT HARBOR MGNT CO, LLC  
2665 SOUTH BAYSHORE DRIVE, PH-2A  
COCONUT GROVE FL 33133

9. Name and Address of New Registered Agent

Name

BOAZ Ashbel

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

2665 So. Bayshore Dr. PH-2A

City

Coconut Grove

FL

33133

10. 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]*

SIGNATURE REQUIRED

Date 11/4/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KATZ, EZRA	2665 S BAYSHORE DR., PH-2A	COCONUT GROVE FL 33133
MGRM	ASHBEL, BOAZ	2000 S DIXIE HWY #100	MIAMI FL 33133
MGRM	MARIN, JOSEPH	2000 S DIXIE HWY #100	MIAMI FL 33133
100024568521 11/10/03--01087--003 **150.00			
REINSTATEMENT <i>2003</i> <i>12/10/03</i>			

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

*[Signature]*  
SIGNATURE REQUIRED

Date

11/4/03

Daytime Phone #

(305) 858-7744

Typed or printed name of signing Managing Member/Manager