

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 24 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L99000002966

Name and Mailing Address

0008311 01 FP 0.352 \*\*PRSR T5 0 0615 77471-253509

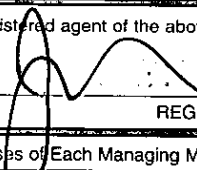


THE YACHT CLUB LLC  
1909 AVENUE G  
ROSENBERG TX 77471-2535

MJN

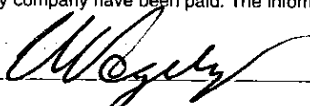


12/24 2002

<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 1909 AVENUE G ROSENBERG TX 77471		<b>5. Date Organized or Qualified To Do Business in Florida</b> 05/24/1999	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 76-0607251 <b>Applied For</b> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> ANDREWS, JOHN S ESQ 1501 N.E. 4TH AVENUE FORT LAUDERDALE FL 33304		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 100009667791 12/24/02--01029--003 **150.00 City FL Zip Code			
<b>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.</b> Signature of Registered Agent  <b>REGISTERED AGENT MUST SIGN</b> Date 11/7/2002			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	VOGELSANG, ROBERT L 50	1808 AVENUE G	ROSENBERG TX 77471
MGRM	ALEXANDER, CORINTHIA 50	8751 CYPRESS ROAD #312	PLANTATION FL 33317
MGRM	CUTHBERTSON, WILLIAM	720 S.W. 75 TERRACE	PLANTATION FL 33317
MGRM	ADEL JOHN SR	7615 MASON DELL	DALLASTX 75321

**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

11/16/02

Daytime Phone #

832 5998527

Typed or printed name of signing Managing Member/Manager