

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L99000004734

1. Limited Liability Company's Name

Leight Notika Yachts, L.L.C.

2. Principal Office Address

1041 SE 17th St.

Suite, Apt. #, etc.

Suite 101

City & State

St. Lauderdale

Zip

33316

Country

USA

3. Mailing Office Address

1041 SE 17th St.

Suite, Apt. #, etc.

Suite 101

City & State

St. Lauderdale St.

Zip

33316

Country

USA

REINSTATEMENT 2000

4. State/Country of Formation

FL, US

5. Date Organized or Qualified
To Do Business in Florida

6. FE Number

45-0937620

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

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

Suite, Apt. #, Etc.

City

Michael Leight

1041 SE 17th Street

Suite 101

St. Lauderdale

State
FL

Zip Code

33316

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

Michael D. Leight

REGISTERED AGENT MUST SIGN

Date 10-17-00

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

Same

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****155.00 ****155.00

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

Michael D. Leight

Date 10-17-00 Daytime Phone # (954) 768-4921

Typed or printed name of signing Managing Member/Manager

Michael D. Leight