

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 1:24

DOCUMENT # L99000004734

1. Limited Liability Company's Name

LEIGHT YACHTS INTERNATIONAL, L.L.C.

2. Principal Office Address

1041 SE 17th Street

Suite, Apt. #, etc.

Suite 101

City & State

Ft. Lauderdale, FL

Zip

33316

Country

US

3. Mailing Office Address

1041 SE 17th Street

Suite, Apt. #, etc.

Suite 101

City & State

Ft. Lauderdale

Zip

33316

Country

US

4. State/Country of Formation

Florida, US

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

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

Michael D. Leight

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

1041 SE 17th Street

Suite, Apt. #, Etc.

Suite 101

City

Ft. 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 10-12-01

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
Chairman	Howard Leight	707 Royal Plaza Drive	Ft. Lauderdale, FL 33301
		Rein	100.00 CUS up
		UBR	50.00
		CUS	5.00
			155.00
REINSTATEMENT 2001			

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

Linda M. Jewell

Date 10/11/01

Daytime Phone # 954-767-4921

Typed or printed name of signing Managing Member/Manager Linda M. Jewell, Office Manager

CR2E041 (9/01)