

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

APPROVED
AND
FILED

01 JAN 31 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000006239**

1. Limited Liability Company's Name

NATIONwide BOAT TRANSPORT, LLC

2. Principal Office Address

5005 US Highway 41 North

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PALMETTO, FLORIDA

City & State

Zip

Country

34221

MANATEE

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/1/99

6. FEI Number

59-3601741

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

Kenneth W. Breeden Sr.

100003631421-8

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

1503 32nd St. West

-02/02/01--01105--01

******205.00 ****205.00**

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34205

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

Kenneth W. Breeden Sr.

Date **1/31/01**

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
Pres	Kenneth W. Breeden Sr.	1503 32nd St. West	BRADENTON, FL 34205

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

Kenneth W. Breeden Sr.

Date **1/31/01**

Daytime Phone # **941-729-3828**

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/99)