

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000008884

1. Limited Liability Company's Name

HAPPY YACHT CLUB, L.C.

2. Principal Office Address - No P.O. Box #

7491 W OAKLAND PARK BLVD.

Suite, Apt. #, etc.

306

City & State

LAUDERHILL, FLORIDA

Zip

33319

Country

USA

3. Mailing Office Address

7491 W OAKLAND PARK BLVD.

Suite, Apt. #, etc.

306

City & State

LAUDERHILL, FLORIDA

Zip

33319

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

12/13/1999

6. FEI Number

65-0968595

☐ 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 BRAULT

Street Address (P.O. Box Number is Not Acceptable)
7491 W OAKLAND PARK BLVD

Suite, Apt. #, Etc.

306

City

LAUDERHILL

State

FL

Zip Code

33319

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 Bault

REGISTERED AGENT MUST SIGN

Date 06/16/2010

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
MGR	JEANTARD, JEAN CLAUDE	2999 NE 191st STREET #900	AVENTURA, FL 33180
MGR	JEANTARD, THERESE	2999 NE 191st STREET #900	AVENTURA, FL 33180
MGR	JEANTARD, CHRISTOPHE	2999 NE 191st STREET #900	AVENTURA, FL 33180

REINSTATEMENT 2006-2010 nc 6/23/10

11. E-mail Address:

(To be used for future annual report notifications)

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 06/16/2010

Daytime Phone # 954-749-8802

Typed or printed name of signing Managing Member/Manager