M05000006653

Florida Department of State
Division of Corporations
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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT
TRAVIS BOATING CENTER FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

B. BOSTICK

DEC 17 2010

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000006653

1. Limited Liability Company's Name

Travis Boating Center Florida, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6921 14th St. W	2500 E. Kearney
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Springfield, MO
Zip: 34207 Country: USA	Zip: 65898 Country: USA

4. State/Country of Formation: Texas

5. Date Organized or Qualified To Do Business in Florida: 12/05/2005

6. FEI Number: 20-4079248 ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

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8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, will comply with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Connie Bryan REGISTERED AGENT Assistant Secretary Date: 12/14/2010

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	Kenneth N. Burroughs	2500 E. Kearney	Springfield, MO 65898
MGR	Steve W. Smith	2500 E. Kearney	Springfield, MO 65898

11. E-mail Address: NTFitzgerald@bassmo.com (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 608.408, 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: J. N. Burroughs Date: 12/10/10 Daytime Phone #: 417-873-5000

Typed or printed name of signing Managing Member/Manager: