

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M9800001368

FILED

1. DOCUMENT # M9800001368

Name and Mailing Address

02 NOV 13 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001484 01 FP 0.352 **PRST T5 0 0615 33062-120129



BUCCANEER SPORTFISHING CHARTERS, LLC
2629 N. RIVERSIDE DR., SLIP 4
POMPANO BEACH FL 33062-1201

700008966087
11/13/02--01045--005 **155.00



2. New Mailing Address

2629 N Riverside Dr

City, State, Zip

Pompano Beach FL 33062

Principal Place of Business

HILLSBORO INLET MARINA, SLIP 4
POMPANO BEACH FL 33067

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

CT

5. Date Organized or Qualified
To Do Business in Florida

11/19/1998

6. FEI Number

06-1486900

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

CASELLI, JOHN M CAPTAIN
2731 NE 14TH STREET, APT 718
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name

Capt. John M Caselli

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

1907 NE 4th St apt 9

City

DeafTidd beach

FL

Zip Code

33441

10. 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

John M Caselli

REGISTERED AGENT MUST SIGN

Date

10-22-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CASELLI, JOHN M CAPTAIN	2731 N.E. 14TH STREET, APT. 718	POMPANO BEACH FL 33062

REINSTATEMENT

2002

11/18/02

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

John M Caselli

Date

10-22-02

Daytime Phone #

954-290-8866

Typed or printed name of signing Managing Member/Manager