

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**M98000001368**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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W 11/25



0005179 01 AT 0.292 \*\*AUTO T1 0 0615 33062-120129  
BUCCANEER SPORTFISHING CHARTERS, LLC  
2629 N. RIVERSIDE DR., SLIP 4  
POMPAÑO BEACH FL 33062-1201

**REINSTATEMENT 2003**

2. New Mailing Address <u>2705 N. Riverside Dr.</u> City, State, Zip <u>Pompano Beach FL 33062</u>		4. State/Country of Formation CT	
Principal Place of Business HILLSBORO INLET MARINA, SLIP 4 POMPAÑO BEACH FL 33067		5. Date Organized or Qualified To Do Business in Florida 11/19/1998	
3. New Principal Place of Business Address <u>2705 N. Riverside Dr.</u> City, State, Zip <u>Pompano Beach FL 33062</u>		6. FEI Number 06-1486900	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  CASELLI, JOHN M CAPTAIN 1907 NE 4TH ST APT 4 DEERFIELD BEACH FL 33441	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 [Signature] **SIGNATURE REQUIRED** Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

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	POMPAÑO BEACH FL 33062
<p>800024703288</p> <p>11/14/03--01026--008 **150.00</p>			
<b>REINSTATEMENT 2003</b>			

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 [Signature] **SIGNATURE REQUIRED** Date 11-12 Daytime Phone # 954-290-8866

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)