

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000150182

1. Limited Liability Company's Name

BAY WATER BOAT RENTALS, INC.

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

5124 BONITA BEACH ROAD, SW

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

Zip

34134

Country

LEE

3. Mailing Office Address

5124 BONITA BEACH ROAD, SW

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

Zip

34134

Country

LEE

FILED
09 APR -1 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 06-09

300148289063
04/01/09--01002--021 **660.00
CR2E041 (10/08)

4. State/Country of Formation
FL USA

5. Date Organized or Qualified
To Do Business in Florida **11/11/2005**

6. FEI Number
27 0139057

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

OMAR A. BOTANA

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

5124 BONITA BEACH ROAD

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State

FL

Zip Code

34134

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Omar Botana

Date

3-20-09
Omar Botana

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
MGRM	OMAR A. BOTANA	5124 BONITA BEACH ROAD	BONITA SPRINGS, FL 34134
MGR	SHERRY L. BOTANA	5124 BONITA BEACH ROAD	BONITA SPRINGS, FL 34134

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

Sherry Botana

Date

3-20-09

Daytime Phone #

239-495-0455
3-20-09

Typed or printed name of signing Managing Member/Manager **SHERRY L. BOTANA**

cc 4/6