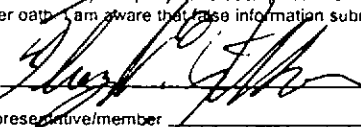


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L06060118100			
1. Limited Liability Company's Name J- Hook Marine, LLC			
2. Principal Office Address - No P.O. Box # 1160 Anchor Drive		3. Mailing Office Address 1160 Anchor Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32963	Country USA	Zip 32963	Country USA
8. Name and Address of Current Registered Agent			
Name Floyd E. Jillson			
Street Address (P.O. Box Number is Not Acceptable) Suite, 1160 Anchor Drive			
Apt. #, Etc.			
City Vero Beach		State FL	Zip Code 32963
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent 		Date 4/27/25	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
P	Floyd E. Jillson	1160 Anchor Drive S CHATHAM	Vero Beach, FL 32963
		JUL 24 2025	
11. E-mail Address: ed.jillson@gmail.com			
(To be used for future annual report notifications)			
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member 		Date 4/27/25	Daytime Phone # 770-643-6554
Typed or printed name of signing authorized representative/member			

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04/14/25--01015--001 **238.75

CR2E041 (1/14)

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida 12/11/2006	
6. FEI Number 71-1023682/	☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a certificate of status	

FILED
2025 JUL 29 PM 2:49
CLERK OF CIRCUIT COURT
JUL 24 2025