PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000448634700
07/23/25--01012--002 **832.50

000448634700
04/14/25--01015--001 **238.75

DOCUMENT # L06000118100

1. Limited Liability Company's Name: J. Hook Marine, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
160 Anchor Drive	160 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

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**

8. **Name and Address of Current Registered Agent**

Name: Floyd E. Jillson

Street Address (P.O. Box Number is Not Acceptable) Suite:
160 Anchor Drive

Apt. #, Etc.:

City: Vero Beach | State: FL | Zip Code: 32963

FILED
2025 JUL 29 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Floyd E. Jillson Date: 4/29/25
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	160 Anchor Drive	Vero Beach, fl 32963
		S CHATHAM	
		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: Floyd E. Jillson Date: 4/2/25 Daytime Phone #: 770-643-6554

Typed or printed name of signing authorized representative/member: