

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2020 JAN 24 PM 12:07

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # -L13000084883

1. Limited Liability Company's Name
120702 MARINE, LLC

100339751691
01/24/20--01025--003 **35.00

100339751691
01/24/20--01010--003 **350.75

Q2ED41 (1/14)

2. Principal Office Address - No P.O. Box #
21391 Harborside Blvd

3. Mailing Office Address
21391 Harborside Blvd

State Apt. #, etc.

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City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

Zip Country
33952 USA

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33952 USA

4. State/Country of Formation
Charlotte County, Florida

5. Date Organized or Qualified
To Do Business in Florida 6/12/2013

6. FEI Number
N/A

7. CERTIFICATE OF STATUS DESired \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
Mark V. Silverio

Street Address (P.O. Box Number is Not Acceptable) Suite,
255 8th Street South

Apt. #, Etc.

City
Naples

State Zip Code
FL 34102

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/20/20

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Duncan SCARRY	21391 Harborside Blvd.	Port Charlotte, FL 33952

REINSTATEMENT

JAN 24 2020

R. HUNT

11. E-mail Address Msilverio@silveriohall.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 805, 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 606.0012, 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 *[Signature]* Date 1/17/20 Daytime Phone #