

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 30 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800139269878
12/24/08--01039--011 **277.50

CR2E041 (10/08)

DOCUMENT # L05000046810

1. Limited Liability Company's Name

J2 MARITIME INVESTMENTS, LLC

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

1506 PRUDENTIAL DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

1506 PRUDENTIAL DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

Zip

32207

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified

To Do Business in Florida 05/11/2005

6. FEI Number

20-2817980

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

JAY C. HALSEMA

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

1506 PRUDENTIAL DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

☒ **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**

REGISTERED AGENT MUST SIGN

Date 12/10/2008

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
MNGR	DRAGONFLY PARTNERS, LLC	1506 PRUDENTIAL DRIVE	JACKSONVILLE, FL 32207
	L. SELLERS		
	DEC 31 2008		
	EX		

REINSTATEMENT

2007-2008

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**

Date 12/10/2008

Daytime Phone #

904-502-6333

Typed or printed name of signing Managing Member/Manager

Jay C. Halsema, Manager of Dragonfly Partners, LLC