PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 98

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 20 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G62397

1. Corporation Name

LLURIA MARINE SERVICE CORP.

Principal Place of Business	Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
220 Seaview Drive #102	220 Seaview Drive
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.: 102
City & State: Key Biscayne, FL	City & State: Key Biscayne, FL
Zip: 33149 Country: USA	Zip: 33149 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2746091 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

800026247726--6
-08/25/98--01060--014
***1500.00 ***1500.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	4
P Sec	Miguel LLuria	220 Seaview Drive #102	Key Biscayne,Fl. 33149
VP	Ana LLuria	220 Seaview Drive #102	Key Biscayne, Fl. 33149

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Luis De La Cruz 241 Sevilla Avenue, Suite 805 Coral Gables, FL 33144	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: X _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: X _____ June 30, 1998 (305) 790-5946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #