

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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.

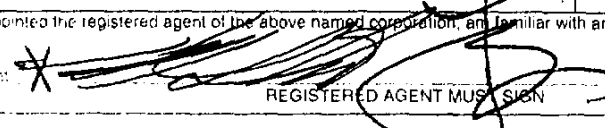
2. New Principal Office Address, If Applicable 220 Seaview Drive #102 Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 220 Seaview Drive Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State Key Biscayne, FL	City & State Key Biscayne, FL	5. FEI Number 59-2746091
Zip 33149	Country USA	6. CERTIFICATE OF STATUS DESIRED ☐ \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City & State, Zip
P	Miguel LLuria	220 Seaview Drive #102	Key Biscayne, Fl. 33149
Sec			
VP	Ana LLuria	220 Seaview Drive #102	Key Biscayne, Fl. 33149

REINSTATEMENT

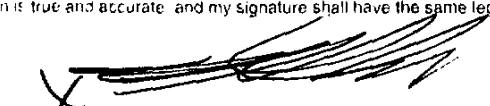
8. Name and Address of Current Registered Agent Luis De La Cruz 241 Sevilla Avenue, Suite 805 Coral Gables, FL 33144	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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10.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

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)(j), 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:  **SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **June 30, 1998** (305) 740-5916