PLEASE FIND ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

Typed or printed name of sig ing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

FILED

	GOO WE THE	DIV	ISION OF	CORPORATIONS		2002	Allo a			
DOCUMENT # LOOOOOOO 2255 1. Limited Liability Company's Name LAFAYETTE MARINE					2002 AUG - 6 AM 9: 37 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA					
					S		8+06/02 +++205.6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 1205.00	
2. Principal Office Add 4748 HA	3. Mailing C	Office Addre	ess	4. State/Co					╗	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			BROWARD						
City & State BRADCIVIC	City & State			5. Date Organized or Qualified TeB 24, 2000 6. FEI Number 6. FEI Number Not Applied For Not Applicable					e	
34208	MANATER	Zip		Country	7.		S DESIRED X		මාන් දින ලොබ බාන් වෙන්න් බාන් වෙන්න්	_1_
		8. N	ame and A	Address of Current Registe	ered Agent					_
Name OLGA CAUVIN Street Address (P.O. Box Number is Not Acceptable) 4748 HALYARD DRIVE						3000069543434 -08/07/0201076013 ****205.00 ****20\$.00				
City BRADENTON, FLORIDA						State Zip Code FL 34208				
9. 1, being appointed the Signature of Registered Agent	ne registered agent of the about	ove named limite		3	d accept the oblig	ations of Ch	napter 608, F.S	102		CR2E041 (9/01
10. Names and Street	Addresses of Managing Mer	nbers/Managers				<u> </u>				ᆌ
Titles	Name of			Street Address of Each Managing Member/Manager			City / State / Zip			
MGR.	GILBERT CA	UVIN	47	48 HALYARO	DRIVE	BRA	DENTON	I,FL	34208	-\{\bar{\}}
						-				1
4								· .		1
11. Lartify that I am m fing this reinstatem all fees owed by the as if made under or	limited fiat lity complying have	the receive or dissolution no.	rustee em been elimin information	npowered to execute this applicated, the limited liability comn indicated on this application	plication as provid pany name satisf n is true and accu	ded for in chies the requirate, and my	napter 608, F.S irements of sec y signature sha	I further cert tion 608.406, Il have the sa	ify that when F.S., and that me legal effect	1
Signature of Managing Member/Mana	ager MMM	WM		Date 8	102	Daytime Pho	one# 941-	747-	1073	