

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 10 PM 12:36

W4211

0003338 01 FP 0.352 **PRSR TO 0 0615 33315-184990
ARGONAUT TOWING & SALVAGE, LLC
1590 SOUTHWEST 23RD COURT
FT. LAUDERDALE FL 33315-1849



REINSTATEMENT 2002

CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/03/2001	
Principal Place of Business 1590 SOUTHWEST 23RD COURT FT. LAUDERDALE FL 33315	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 41-2064703	Applied For Not Applicable
8. Name and Address of Current Registered Agent SHAKE, KENNETH M 1590 SOUTHWEST 23RD COURT FT. LAUDERDALE FL 33315		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)		600009425936	
		12/10/02--01007--006 **150.00	
City		FL Zip Code	
10. 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 <i>Kenneth M. Shake</i>		Date	
REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SHAKE, KENNETH M	1590 SOUTHWEST 23RD COURT	FT. LAUDERDALE FL 33315
MGRM	BOSSETTA, PATRICK T	#2 CANAL STREET, SUITE 2205	NEW ORLEANS FL 70130
REINSTATEMENT 2002			

12. 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 *Kenneth M. Shake* Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager