

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
R. Smith
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000017119

02 DEC 10 PM 12:36

Name and Mailing Address

W4211

000338 01 FP 0.352 **PRSRT TO 0 0615 33315-184990

ARGONAUT TOWING & SALVAGE, LLC
1590 SOUTHWEST 23RD COURT
FT. LAUDERDALE FL 33315-1849

REINSTATEMENT 2002

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

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

7.

CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current 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

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

Date

Daytime Phone #