

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000022143
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 31 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022143

Name and Mailing Address

0005815 01 FP 0.352 **PRSRT TB 0 0615 34228-019797
GULF MARINE TOWING, LLC
P.O. BOX 197
LONGBOAT KEY FL 34228-0197



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 595 DREAM ISLAND RD #33 LONGBOAT KEY FL 34228		5. Date Organized or Qualified To Do Business in Florida 12/17/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 01-0598473 Applied For Not Applicable	
8. Name and Address of Current Registered Agent MARSHALL, KIM 525 MELODY CIR SARASOTA FL 34237		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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)	
		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 <u>Kim Marshall</u> Date <u>10/24/02</u> 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	AMMONS, MICHAEL D	595 DREAM ISLAND RD #33 617 Buttonwood Drive	LONGBOAT KEY FL 34228
MGRM	AMMONS, SUSAN P	595 DREAM ISLAND RD #33 617 Buttonwood Drive	LONGBOAT KEY FL 34228
800008718408 10/31/02--01014--017 **155.00			
REINSTATEMENT 2002			
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CR2EC84 (8/02)

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 Susan P. Ammons Date 10-25-02 Daytime Phone # 941-387-8716

Typed or printed name of signing Managing Member/Manager