

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L02000009862

1. Limited Liability Company's Name

Marisair, LLC

REINSTATEMENT

2003

500023653645

10/09/03--01005--001 **155.00

2. Principal Office Address

121 Palm Lane

Suite, Apt. #, etc.

3. Mailing Office Address

157 Sapodilla Dr

Suite, Apt. #, etc.

City & State

Tavernier FL

City & State

Islamorada, FL

Zip

33070

Country

USA

Zip

33036

Country

USA

4. State/Country of Formation

FLorida

5. Date Organized or Qualified
To Do Business in Florida

April 23, 2002

6. FEI Number

20-0276096

☒ 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

Lesley Ann Rhyne

Street Address (P.O. Box Number is Not Acceptable)

157 Sapodilla Drive

Suite, Apt. #, Etc.

City

Islamorada

State
FL

Zip Code

33036

9. 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

Lesley Rhyne

REGISTERED AGENT MUST SIGN

Date

October 4, 2003

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Susan Jankowski	121 Palm Lane	Tavernier, FL 33070
MGRM	Lesley A. Rhyne	157 Sapodilla Drive	Islamorada, FL 33036

REINSTATEMENT

2003

11. 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

Lesley Rhyne

Date

10/4/03

Daytime Phone #

305 664 8015

Typed or printed name of signing Managing Member/Manager

Lesley Rhyne

CR20041 (10/03)