

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 18 AM 8:30

DOCUMENT # L02000031378

1. Limited Liability Company's Name
Exotic Marine Specialist

2. Principal Office Address
12535 Illinois Woods Ln

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip Country
32824 USA

3. Mailing Office Address
12535 Illinois Woods Ln

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip Country
32824 USA

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida** 11/21/2002

6. FEI Number 431986992

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 Kari J. Snell

Street Address (P.O. Box Number is Not Acceptable) 12535 Illinois Woods Ln

Suite, Apt. #, Etc.

City Orlando

State Zip Code
FL 32824

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 Kari J. Snell
REGISTERED AGENT MUST SIGN

Date 5/12/05

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
MGR	Bryan L. Snell	12535 Illinois Woods Ln	Orlando, FL 32824

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 Bryan L. Snell Date 5/12/05 Daytime Phone # 877-469-8265

Typed or printed name of signing Managing Member/Manager Bryan L. Snell