

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000033659

1. Limited Liability Company's Name

NICHOLS MARINE GROUP, LLC

2. Principal Office Address

4930 New Providence Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33629

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

12/13/2002

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200041266842

09/22/04--01067--002 **205.00

8. Name and Address of Current Registered Agent

Name

Aileen S. Davis

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

c/o Akerman Senterfitt

Suite, Apt. #, Etc.

100 South Ashley Drive, Suite 1500

City

Tampa

State

FL

Zip Code

33602

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

Aileen S. Davis

Date 8-31-04

REGISTERED AGENT MUST SIGN

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	Stephen R. Nichols, Trustee	4930 New Providence Ave.	Tampa, FL 33629

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

Stephen R. Nichols

Date 8/22/04

Daytime Phone # 813-805-2445

Typed or printed name of signing Managing Member/Manager

Stephen R. Nichols, Trustee, Managing Member

CREAM (10/02)