

LU2000033872

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name:

Bluewater Leasing Offshore Marine Enterprises LLC

2. Principal Office Address

150 WEST FLAGLER ST., STE. 2626

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33130

County

3. Mailing Office Address

MGR

Suite, Apt. #, etc.

City & State

Zip

County

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 12/17/2002

6. FEI Number

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

HOLTZMAN, MAX T

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

150 WEST FLAGLER ST., STE. 2626

Suite, Apt. #, etc.

City

MIAMI

State

FL

Zip Code

33130

700024422607
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BK

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

Date

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

HOLTZMAN, MAX T.

150 WEST FLAGLER ST., STE. 2626

MIAMI FL 33130

REINSTATEMENT 2003

BK

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 10/23/2003

Daytime Phone # 305-577-0200

Type or print name of signing Managing Member/Manager HOLTZMAN, MAX T.,

L02000033872

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Bluewater Leasing Offshore Marine Enterprises LLC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$50 check payable to Florida Department of State

We never received the ²⁰⁰³ Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

Name: Max T. Holzman

Title: Manager

Date: 10/23/03

