


# L02000034644

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>DOCUMENT # L02000034644</b>			
<b>1. Limited Liability Company's Name</b> Crystal Cove Marine Services LLC			
<b>2. Principal Office Address</b> 121 Crystal Cove Drive Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 121 Crystal Cove Drive Suite, Apt. #, etc.	
City & State Palatka, Florida 32177		City & State Palatka, Florida 32177	
Zip 32177	Country USA	Zip 32177	Country USA

<b>4. State/Country of Formation</b> Florida/USA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/24/2002	
<b>6. FEI Number</b> 37-1450832	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>	
Name William H. Smith	
Street Address (P.O. Box Number is Not Acceptable) 121 Crystal Cove Drive	
Suite, Apt. #, Etc.	
City Palatka	State FL
	Zip Code 32177

<b>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.</b>	
Signature of Registered Agent <i>William H. Smith</i>	Date 10/16/2003
REGISTERED AGENT MUST SIGN	

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	William H. Smith	121 Crystal Cove Drive	Palatka, FL 32177
MGRM	Ian Skakel Trust by Ian Skakel, Trustee	121 Crystal Cove Drive	Palatka, FL 32177

REINSTATEMENT

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<b>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 608.405, 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.</b>			
Signature of Managing Member/Manager <i>William H. Smith</i>	Date 10/16/2003	Daytime Phone# 386-328-4000	
Typed or printed name of signing Managing Member/Manager William H. Smith			

CR2E041 (10/02)