

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

07 JAN 10 AM 9:18

10-1-04
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DOCUMENT # L03000006738

1. Limited Liability Company's Name

Gateway Marine Terminal LLC

2. Principal Office Address

3301 NW South River Dr

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33142

Country

USA

3. Mailing Office Address

3301 NW South River Dr

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33142

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/24/03

6. FEI Number

56-2322782

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

John Bohatch Esq.

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

2600 Douglas Rd. Penthouse 8

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/20/06

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
MEM	Harbhajan Kainth	3301 NW South River Dr	Miami, FL 33142
			300082822503 01/17/07--01040--005 **145.00
			300082822503 12/28/06--01038--006 **155.00
			04-07

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

[Signature]

Date

12/20/06

Daytime Phone #

305 342-9251

Typed or printed name of signing Managing Member/Manager

Harbhajan Kainth