

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000011462

1. Limited Liability Company's Name

BLUE WATER MARINE SERVICES LLC

2. Principal Office Address - No P.O. Box #

1118 SE 36th St.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Cape Coral

City & State

Florida

Zip

33904

Country

USA

Zip

33904

Country

USA

8. Name and Address of Current Registered Agent

Name

MARY P. SOLARI

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

1118 SE 36th Street

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

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

Mary Solari

Date 4/10/12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Member/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	Joseph F. SOLARI	1118 SE 36 th Street	Cape Coral FL 33904
V.P. Secy	MARY P SOLARI	1118 SE 36 th Street	Cape Coral FL 33904

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Mary Solari

Date 4/14/12

Daytime Phone 739-872-9623

Typed or printed name of signing Managing Member/Manager

FILED

12 APR 19 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

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04/24/12--01004--004 **715.00

REINSTATEMENT 09-12

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

(To be used for future annual report notices)