

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

09 FEB 10 AM 11:21

DOCUMENT # L04000004434

**1. Limited Liability Company's Name**

Super Marine Service, LLC

CR2E041 (10/08)

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

2961 SW 85 Way  
Suite, Apt. #, etc.

**3. Mailing Office Address**

2961 SW 85 Way  
Suite, Apt. #, etc.

**City & State**

Davie, FL.

**Zip**

33328

**Country**

U.S.

**City & State**

Davie, FL.

**Zip**

33328

**Country**

U.S.

**4. State/Country of Formation** Florida / U.S.

**5. Date Organized or Qualified  
To Do Business in Florida**

1-12-04

**6. FEI Number** 134273757

Applied For  
Not Applicable

**7.**

Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name Izak A. Myburgh

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

2961 SW 85 Way  
Suite, Apt. #, Etc.

City Davie

State  
**FL**

Zip Code 33328

400143255304  
02/10/09--01013--014 \*\*277.50

**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

Myburgh

REGISTERED AGENT MUST SIGN

Date 1-6-09

**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**

Pres. Izak A. Myburgh 2961 SW 85 Way Davie, FL. 33328

**REINSTATEMENT** 08-09 BM

**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

Myburgh

Date 1-6-09

Daytime Phone # 954-444-8142

Typed or printed name of signing Managing Member/Manager IZAK A. Myburgh