

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATION

10 JAN -8 PM 1:35

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000029179

1. Limited Liability Company's Name

MARITIME RESOURCES LLC

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

440 AVENUE C

Suite, Apt #, etc.

City & State

KEY WEST, FLORIDA

Zip

33040

Country

MONROE

3. Mailing Office Address

440 AVENUE C

Suite, Apt #, etc.

City & State

KEY WEST, FLORIDA

Zip

33040

Country

MONROE

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

20-1468588

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

CRISTIAN J. SWANSON

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

440 AVENUE C

Suite, Apt #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Cristian J. Swanson*

REGISTERED AGENT MUST SIGN

Date 1-07-10

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PRES   | SWANSON, CRISTIAN J.                 | 440 AVENUE C                                      | KEY WEST, FL 33040 |
| Sec    | Swanson, Jennifer D                  | 440 Avenue C                                      | Key West, FL 33040 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

11. E-mail Address: HISTORYSWP@YAHOO.COM

(To be used for future annual report notifications)

12. 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 it made under oath.

Signature of  
Managing Member/Manager

*Cristian J. Swanson*

Date 1-07-10

Daytime Phone # (305) 304-3151

Typed or printed name of signing Managing Member/Manager CRISTIAN J. SWANSON