

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L0400040776

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

06 DEC 14 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0400040776

1. Limited Liability Company's Name

RUTHA SHIPPING, LLC

05

BK

2. Principal Office Address

377 NW S RIVER DR

Suite, Apt. #, etc.

3. Mailing Office Address

SCINR

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33142

Country

USA

City & State

Zip

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

05-25-06

6. FEI Number

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

JULIEN JOSEPH

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

281 NW 103 Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33150

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

JULIEN JOSEPH

REGISTERED AGENT MUST SIGN

Date 12-13-06

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
MGRM	WESTMOORE LOUSSAINT	377 NW S RIVER DR	MIAMI FL 33142

200082547132
12/19/06--01055--003 **200.00

REINSTATEMENT 2005-2006

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 12-12-06 Daytime Phone # 305-635-6434

Typed or printed name of signing Managing Member/Manager