



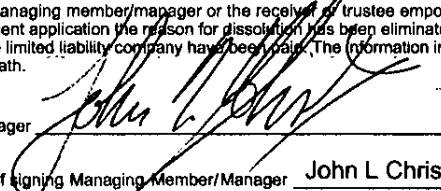
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 FEB -6 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000053628			
1. Limited Liability Company's Name Dantech Marine, LLC			
2. Principal Office Address - No P.O. Box # 2660 NW 15th Court Suite, Apt. #, etc. Suite 104 City & State Pompano Beach Zip 33069 Country USA		3. Mailing Office Address 2660 NW 15th Court Suite, Apt. #, etc. Suite 104 City & State Pompano Beach Zip 33069 Country USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 20-2691579		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Robert Murdoch Street Address (P.O. Box Number is Not Acceptable) 2455 East Sunrise Blvd Suite, Apt. #, Etc. Suite 1000 City Ft Lauderdale State FL Zip Code 33303			
<input type="checkbox"/> 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  Date 1/27/09 REGISTERED AGENT MUST SIGN			
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
MGR	John L Christensen	2660 NW 15th Court	Pompano Beach, FL 33069
			800143029238 02/25/09--01005--004 **277.50
			800143029238 02/06/09--01042--010 **238.75
REINSTATEMENT-07-08-09			
C.L.			
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  Date 1/24/09 Daytime Phone # 943 288 8614 Typed or printed name of signing Managing Member/Manager John L Christensen			