

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jun 21, 2007 8:00 A.M.
Secretary of State

DOCUMENT # L04000093687	
1. Entity Name MARINE LOGISTICS, LLC	



Principal Place of Business 15303 BRIARCREST CIRCLE FT. MYERS, FL 33912	Mailing Address 15303 BRIARCREST CIRCLE FT. MYERS, FL 33912
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05032007 REIN-LLC CR2E101 (1/07)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent KARFES, MICHAEL L 15303 BRIARCREST CIRCLE FT. MYERS, FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MICHAEL L KARFES PRES. Michael L Karfes pres 5-21-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR KARFES, MICHAEL L 15303 BRIARCREST CIRCLE FT. MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000104743690 06/22/07--01042--006 **205.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KARFES, MICHAEL L 15303 BRIARCREST CIRCLE FT. MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michael L Karfes pres MICHAEL L KARFES 5-21-07 239-340-6648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT 2005-07