

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000001747

1. Limited Liability Company's Name

SOUTHWEST MOBILE MARINE SERVICE, L.L.C.

BK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (8/05)

2. Principal Office Address 21544 147th Terrace		3. Mailing Office Address 60 Winchester Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. McCoy, Florida		City & State Youngsville, North Carolina	
Zip 32134	Country USA	Zip 27596	Country USA

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida 01/03/2005	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name W. Tracy Haverfield III, Esq.	
Street Address (P.O. Box Number is Not Acceptable) c/o Pavese Law Firm, 1833 Hendry Street	
Suite, Apt. #, Etc.	
City Fort Myers	State FL
Zip Code 33901	

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

[Signature]
REGISTERED AGENT MUST SIGN

Date November 14 2006

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	Calimbo, Jonathan M.	60 Winchester Court	Youngsville, North Carolina 27596

REINSTATEMENT 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 November 2006 Daytime Phone # 919-625-1173

Typed or printed name of signing Managing Member/Manager Jonathan M. Calimbo