

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED**

07 JAN 30 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                                                   |                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # L05000041811                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |  |                                                                                                                                                                                  |
| 1. Entity Name<br>MARINE DEPT., LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      | 66                                                                                |                                                                                                                                                                                  |
| Principal Place of Business<br>1511 N.E. 108TH STREET<br>MIAMI, FL 33161                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      | Mailing Address<br>1511 N.E. 108TH STREET<br>MIAMI, FL 33161                      |                                                                                                                                                                                  |
| 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                                                                                                                                                                          |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                                                                                                                                  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      | \$5.00 Additional Fee Required                                                    |                                                                                                                                                                                  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      | 7. Name and Address of New Registered Agent                                       |                                                                                                                                                                                  |
| REGISTERED AGENTS LEGAL SERVICES, INC.<br>155 OFFICE PLAZA DR.<br>SUITE A<br>TALLAHASSEE, FL 32301                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                                                                                                                  |
| 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 <i>Michael W. Ashley</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      | DATE 1/30/07                                                                      |                                                                                                                                                                                  |
| FILE NOW!!! FEE IS \$200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      | Make check payable to<br>Florida Department of State                              |                                                                                                                                                                                  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      | 10. ADDITIONS/CHANGES                                                             |                                                                                                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>ROBALINA, JUAN C<br>1511 N.E. 108TH STREET<br>MIAMI, FL 33161 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | Roblana, Juan C., MGR<br>c/o Tanton & Co. LLP<br>37 W. 57th Street, 5th floor<br>New York, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | 200086693902 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>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 606, Florida Statutes. |                                                                                                      |                                                                                   |                                                                                                                                                                                  |
| SIGNATURE: <i>Michael W. Ashley</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      | DATE: 1/29/07                                                                     |                                                                                                                                                                                  |
| SIGNATURE ALSO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      | Daytime Phone #                                                                   |                                                                                                                                                                                  |

**REINSTATEMENT 2006-2007**

**L05000041811**

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Drive, Suite A Tallahassee, FL 32301**

**PHONE: (850) 216-0457; FAX: (850) 216-0460**

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**DATE:** 01/30/07

**NAME:** MARINE DEPT LLC

*nk*

**TYPE OF FILING:** REINSTATEMENT

**COST:** \$100 + \$50 + \$50 = \$200

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