

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000110776

1. Limited Liability Company's Name

Marine I, LLC

2. Principal Office Address - No P.O. Box #
3400 Coral Way

Suite, Apt. #, etc.
600

City & State
Miami, FL

Zip
33145

Country
USA

3. Mailing Office Address
3400 Coral Way

Suite, Apt. #, etc.
600

City & State
Miami, FL

Zip
33145

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 11/5/05

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

Lucy Raurell

Street Address (P.O. Box Number is Not Acceptable)
3400 Coral Way

Suite, Apt. #, Etc.
600

City
Miami,

State
FL

Zip Code
33145

☐ 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

David Long

Date 03/02/2010

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
MGRM	LUCY RAURELL	3400 CORAL WAY, 600	Miami, FL 33145

11. E-mail Address: bcortes@moore-and-co.net

(To be used for future annual report notifications)

12. 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

David Long

Date 03/02/2010

Daytime Phone # (305) 567-8052

Typed or printed name of signing Managing Member/Manager

Attorney in fact for Lucy Raurell,

Managing Member

FILED

2010 MAR -5 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400171393264
03/08/10--01004--014 **660.00

CR2E041 (11/09)

REINSTATEMENT

07-10

3-8-10