

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0600008123

1. Limited Liability Company's Name

J & I MARINE, LLC

2. Principal Office Address No P.O. Box #

2607 Route 130 South

Suite, Apt. #, etc.

City & State

Cinnaminson, NJ 08077

Zip

08077

Country

3. Mailing Office Address

2607 Route 130 South

Suite, Apt. #, etc.

City & State

Cinnaminson, NJ

Zip

08077

Country

8. Name and Address of Current Registered Agent

Name

Researcher's Associates, Inc.

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

633 Timberlane Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

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
	<u>Dennis Grigioni</u>	<u>2607 Route 130 South</u>	<u>Cinnaminson, NJ 08077</u>

REINSTATEMENT

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 608.408, 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 11/9/07

Daytime Phone # 856-906-4112

Typed or printed name of signing Managing Member/Manager

Dennis Grigioni

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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