

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -4 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400180261914
05/04/10--01044--001 **\$55.00

CR2E041 (11/09)

DOCUMENT # **L06000027661**

1. Limited Liability Company's Name

SNOWY POWDERDISH LLC.

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

2890 NE 187th St

3. Mailing Office Address

2890 NE 187th St

Suite, Apt. #, etc

2nd FL

Suite, Apt. #, etc

2nd FL

City & State

Aventura FL

City & State

Aventura FL

Zip

33180

Country

USA

Zip

33180

Country

USA.

4. State/Country of Formation

FL/MINORADOE

5. Date Organized or Qualified To Do Business in Florida

3/15/06

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

STURNOR Marine Investments, LLC

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

2890 NE 187th Street

Suite, Apt. #, Etc

2nd Floor

City

Aventura

State

FL

Zip Code

33180

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

Date **4-28-10.**

REGISTERED AGENT MUST SIGN **Andrew Sturnor es Manager**

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	STURNOR MARINE INVESTMENTS LLC	2890 NE 187th St	Aventura FL 33180
REINSTATEMENT 07-10			

11. E-mail Address **andy@99usmarinepartners.com**

(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

Date **4-28-10**

Daytime Phone # **954-602-9400**

Typed or printed name of signing Managing Member/Manager **STURNOR Marine Investments, LLC by its Manager Andrew Sturnor**

WAX - 5 2010