

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 \*\*555.00

CR2E041 (11/09)

DOCUMENT # L06000027661

1. Limited Liability Company's Name

SNOWY POWDERDISE LLC.

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

2890 NE 187th St

Suite, Apt. #, etc

2nd FL

City & State

Aventura FL

Zip

33180

Country

USA

3. Mailing Office Address

2890 NE 187th St

Suite, Apt. #, etc

2nd FL

City & State

Aventura FL

Zip

33180

Country

USA.

4. State/Country of Formation

FL/MINORADO

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

STURMOR 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 Sturm 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	STURMOR 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 of 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 STURMOR Marine Investments, LLC by its Manager Andrew Sturm

WAX - 5 2010