2010-08-03 19:36 YELLOW SHEET 19024 8023

L07000034060

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DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000034060

1. Limited Liability Company's Name

09

METOCEAN DATA SYSTEMS, LLC

BK

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6538 Collins Avenue	6538 Collins Avenue
Suite, Apt. #, etc. Suite 260	Suite, Apt. #, etc. Suite 260
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33141 Country Miami-Dade	Zip 33141 Country Miami-Dade

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: March 29, 2007

6. FEI Number: 26-2980481 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: Tony Chedrawy

Street Address (P.O. Box Number is Not Acceptable): 6538 Collins Avenue

Suite, Apt. #, Etc.: Suite 260

City: Miami Beach | State: FL | Zip Code: 33141

600184020776

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: August 3, 2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Chedrawy, Tony	6538 Collins Avenue, Suite 260	Miami Beach, FL 33141

REINSTATEMENT 2009 - 2010

11. E-mail Address: _____ (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 608.508, 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: August 3, 2010 Daytime Phone # 305-868-6050x226

Tony Chedrawy

Typed or printed name of signing Managing Member/Manager

CSC

CORPORATION SERVICE CO

L07000073060

ACCOUNT NO. : I20000000195

REFERENCE : 468562 7169688

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 382.50

ORDER DATE : August 4, 2010

ORDER TIME : 10:52 AM

ORDER NO. : 468562-005

CUSTOMER NO: 7169688

DOMESTIC FILINGS

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DIVISION OF CORPORATIONS
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SUFFICIENCY OF FILING

NAME: METOCEAN DATA SYSTEMS, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext# 2962

EXAMINER'S INITIALS BK

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