

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 JUN 22 AM 10:15

DOCUMENT # L 080000 20987

1. Limited Liability Company's Name

Shipwrecks LLC

~~000257676868~~
07/07/16--01009--003 **151.25

200287208352
06/22/16--01020--019 **730.00
CR2E04T(1/14)

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

45 Garden Cove Dr

Suite, Apt. #, etc

3. Mailing Office Address

Same

Suite, Apt. #, etc

City & State

Key Largo FL

City & State

Zip

Country

33037

Monroe

Zip

Country

4. State/Country of Formation

Florida, Monroe

5. Date Organized or Qualified
To Do Business in Florida

2/27/2008

6. FEI Number

54-8014741266-0

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

Mark Hutchings

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

45 Garden Cove Drive

Apt. #, Etc.

City

Key Largo

State

FL

Zip Code

33037

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

[Signature]

Date

20 June 2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>MEM</u>	<u>Mark Hutchings</u>	<u>216 Hibiscus Ave</u>	<u>Key Largo FL 33037</u>

REINSTATEMENT

2011-2016

11. E-mail Address

Blackbeardsal@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

20 June 2016

Daytime Phone #

305-942-4209

Typed or printed name of signing authorized representative/member