Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
MARITIME LOGISTICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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15 DEC 30 AM 3:53

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000006427

1. Limited Liability Company's Name
MARITIME LOGISTICS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
54-75 NE ST JAMES DR	54-75 NE ST JAMES DR
Suite, Apt. #, etc. # 148	Suite, Apt. #, etc. # 148
City & State PORT ST LUCIE, FL	City & State PORT ST LUCIE, FL
Zip / Country 34983 / USA	Zip / Country 34983 / USA

CR2E041 (1/14)

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 01/13/2014

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
CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable) Suite,
11380 PROSPERITY FARMS ROAD #221E

Apt. #, Etc.

City	State	Zip Code
PALM BEACH GARDENS	FL	33410

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: Lauren Vadney, Special Secretary Date: 12/29/2015

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
MGR	ROUZIER, JEAN	54-75 NE ST JAMES DR - # 148	PORT ST LUCIE, FL 34983
MGR	TSOKOPOULOS, EMILIO	54-75 NE ST JAMES DR - # 148	PORT ST LUCIE, FL 34983
	REINSTATEMENT		S. HAWKES
	2015		DEC 30 A.M.
			EXAMINER

11. E-mail Address: jartransp@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: Date 12/29/2015 Daytime Phone # 561-694-8107

Typed or printed name of signing authorized representative/member: Lauren Vadney, Attorney-in-Fact