PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Secreta	RTMENT OF STATE ary of State corporations	07 JUN 2	FILED 29 PM12: 26		
DOCUMENT # L 9400000 450 1. Limited Liability Company's Name				SECRETARY UP STATE TALLAHASSEE, FLORIDA		
GULFSTREAM NAUTICAL LC						
2. Principal Office Address - No P.O. Box #	3. Mailing Office Addre	_	<u></u>	CR2E041 (1/07)		
2538 FSCADA CT Suite, Apt. #, etc.	2538 Esc.	8 ESCADA (**)		4. State/Country of Formation FLORIDA JUSA		
			5. Date Organi	5. Date Organized or Qualified To Do Business in Florida		
City & State Naples FL	City & State Narias	FL	6. FEI Number		Applied For	
34109 COLLIER	^{2ip} 34/09	Country	7.			
	of Current Registered Age	ant				
Name WILLIAM HETTING	ER		_	reinstatement fee is impoumstances which the en		
Street Address (P.O. Box Number is Not Acceptable 2538 ESCADA CT			receive	receive the prior notices. By checking this box, you are certifying the prior notices were		
Suite, Apt. #, Etc.			not re	ceived and requesting		
City NAPLES		State Zip Code FL 34/09				
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the				•		
Signature of Registered Agent REGISTERED AGENT MUST SIGN				Date 6/18/07		
10. Names and Street Addresses of Managing Mer	mbers/Managers					
Titles Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip	,	
MGRM WILLIAM HETTINGER	253	2538 ESCADA CT		Naples FL 341	09	
			30 07/12/		9 50.00	
			-~~	MENT	Γ	
		RF	ZINS	INS A COL		
				<u> </u>		
11. I certify that I am managing member/manager of filling this reinstatement application the reason to all fees owed by the limited liability company have as if made under oath.	r dissolution has been elimi	ninated, the limited fiability compa ion indicated on this application i	pany name satisfies is true and accurat	s the requirements of section 608.40 tle, and my signature shall have the s	6, F.S., and that same legal effect	
Signature of Managing Member/Manager		Date	118/07	Daytime Phone # 239 - 5/4	- 0025	
Typed or printed name of signing Managing Member/Manager WILLIAM HETTINGER						