APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

L94000005546

FILED

97 DEC 17 PM 1:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

L94000005546

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #**

Caribbean International Marine Services L.C.
2500 N. Powerline Road #7
Pompano Beach, FL 33069

8/23/96

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Box 2a

1a. Principal Place of Business Address

2. Principal Place of Business
2500 N Powerline Rd #7
Suite, Apt. #, etc.
#7
City & State
Pompano Beach FL
Zip
33069
Country
USA

2a. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

3. Date Organized or Qualified
10/6/1994

3a. State of Formation
Florida

4. FEI Number
☐ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Stephen L. Shochet
2500 N. Military Tr. # 205
Boca Raton, FL 33431

8. Name and Address of New Registered Agent

Name
Same
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code

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
REGISTERED AGENT MUST SIGN
Date 12/11/97

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	G.W. Martin	2500 N Powerline Rd #7	Pompano Beach FL 33069
MGRM	Linda Martin	2500 N. Powerline Rd #7	Pompano Beach FL 33069
MGRM	Stephen L Shochet	2500 N. Military Tr. #205	Boca Raton FL 33431

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REINSTATEMENT 1996-1997

MK

11. 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 608.406, 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 12/11/97
Daytime Phone # 561-998-0440

Typed or printed name of signing Managing Member/Manager Stephen L. Shochet

CR2EO41 12/96