

L94000000546

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

02 OCT 25 AM 9:58

10/29

DOCUMENT # L94000000546

1. Limited Liability Company's Name

Caribbean International Marine Services, L.C.

REINSTATEMENT 1999-2002

300008600463
10/25/02--01112--002 **\$300.00

2. Principal Office Address
2500 N. Military Tr.

Suite, Apt. #, etc.

205

City & State

Boca Raton, FL

Zip

33431

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

4. State/Country of Formation

Florida, U.S.A

5. Date Organized or Qualified
To Do Business in Florida

10/06/1994

6. FEI Number

65-0853149

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

Stephen L. Shochet

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

2500 N. Military Trail

Suite, Apt. #, Etc.

205

City

Boca Raton

State

FL

Zip Code

33431

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

Stephen L. Shochet

REGISTERED AGENT MUST SIGN

Date

10/21/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Shochet, Stephen L.	2500 N. Military Trail - Ste. 205	Boca Raton, FL 33431
MGR	Martin, G W	5983 Patio Drive	Boca Raton, FL 33433
MGR	Martin, Linda	5983 Patio Drive	Boca Raton, FL 33433
REINSTATEMENT		1999-2002	

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

Linda Martin

Date

10/21/02

Daytime Phone #

561-391-2179

Typed or printed name of signing Managing Member/Manager

Linda Martin