

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 MAR 27 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L96000001219

1. Entity Name
THE LOWER APALACHICOLA STEAMSHIP LIMITED
COMPANY



Principal Place of Business
573 EAST GORRIE DRIVE
ST. GEORGE ISLAND, FL 32328

Mailing Address
573 EAST GORRIE DRIVE
ST. GEORGE ISLAND, FL 32328

2. Principal Place of Business - No P.O. Box #
60 EAST GORRIE DR.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 629
Suite, Apt. #, etc.



03172008 REIN-LLC CR2E101 (1/07)

City & State
ST. GEORGE ISLAND, FL
Zip 32328 Country

City & State
EASTPOINT, FL
Zip 32328-0629 Country USA

4. FEI Number
59-3441842
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent
BEAN, MASON
573 EAST GORRIE DRIVE
ST. GEORGE ISLAND, FL 32328

7. Name and Address of New Registered Agent
Name
MASON J. BEAN
Street Address (P.O. Box Number is Not Acceptable)
1432 BLUEBERRY ROAD
City ST. GEORGE ISLAND FL Zip Code 32328

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Mason J. Bean*
Signature, typed or printed name of registered agent and title if applicable

3-17-08
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
STREET ADDRESS BEAN, MASON
CITY-ST-ZIP 573 EAST GORRIE DRIVE
ST. GEORGE ISLAND, FL 32328 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS MASON J. BEAN
CITY-ST-ZIP P.O. Box 629 EASTPOINT, FL 32328 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Mason J. Bean*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-17-08 850-927-3100
Date Daytime Phone #

REINSTATEMENT 07.08