

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

10/2

01 DEC 27 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L96000001222
Marine Management Consultants, L.C.

2. Principal Office Address

150 NW 42nd Way

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

3. Mailing Office Address

150 NW 42nd Way

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Nov. 20, 1996

6. FEI Number

63-1184695

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Laura R. Dunlap

Laura R. Dunlap
as its agent

Date

12/27/01

REGISTERED AGENT MUST SIGN

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	Stephen R. Johnson	150 NW 42nd Way	Deerfield Beach, FL 33442
MGR	Karen E. Johnson	150 NW 42nd Way	Deerfield Beach, FL 33442

REINSTATEMENT

99-01

900004740969

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

Stephen R. Johnson

Date 12/18/01

Daytime Phone# (954) 425-8335

Typed or printed name of signing Managing Member/Manager **Stephen R. Johnson**

CR2L041 (9/00)



2012

ACCOUNT NO. : 072100000032
REFERENCE : 525818 7296605
AUTHORIZATION :
COST LIMIT : \$ 250,000 *Peterson Pizitz*

ORDER DATE : December 26, 2001
ORDER TIME : 9:47 AM
ORDER NO. : 525818-005
CUSTOMER NO: 7296605
CUSTOMER: Stephen R. Johnson, Controller
Marine Management Consultants
150 Nw 42nd Way
Deerfield Beach, FL 33442

DOMESTIC FILINGS

NAME: MARINE MANAGEMENT CONSULTANTS,
L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS _____

RECEIVED
01 DEC 27 AM 10:31
DIVISION OF CORPORATION