

L97000001282

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1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT -7 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L97000001282

1. Limited Liability Company's Name

Classic Vessel Charters and Sales, L.C.

REINSTATEMENT

2000-
2003

2. Principal Office Address
5255 N. Federal Highway

3. Mailing Office Address
5255 N. Federal Highway

Suite, Apt. #, etc.
Third Floor

Suite, Apt. #, etc.
Third Floor

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified
To Do Business in Florida 11/17/1997

6. FEI Number
650793688

Applied For
Not Applicable

Zip
33487

Country
USA

Zip
33487

Country
USA

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for Certificate of Status

B. Name and Address of Current Registered Agent

Name
Godwin, Bruce D.

Street Address (P.O. Box Number is Not Acceptable)
5255 N. Federal Highway

Suite, Apt. #, Etc.
Third Floor

City
Boca Raton

State
FL

Zip Code
33487

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

Bruce D. Godwin

REGISTERED AGENT MUST SIGN

Date 10/06/03

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
MGMR	Godwin, Bruce D.	5255 N. Federal Highway, Third Floor	Boca Raton / Florida / 33487

JB

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 disqualification 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

Bruce D. Godwin

Date 10/06/03

Daytime Phone # 561-241-7301

Typed or printed name of signing Managing Member/Manager **Bruce D. Godwin**

2002

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

CLASSIC VESSEL CHARTERS AND SALES, L.C.

Certificate of Status	1
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