

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

THE STATE OF FLORIDA
DEPARTMENT OF STATE
Theodore B. Harris
Secretary of State
DIVISION OF CORPORATIONS

L97000001435

FILED

01 MAR 16 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L97000001435**

1. Limited Liability Company's Name

SON MARINE, L.C.

2. Principal Office Address

800 S. Ocean Blvd.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

800 S. Ocean Blvd.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/23/97

6. FEI Number

65-0810307

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

Warren D. Hayes, Sr.

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

Alley, Maass, Rogers & Lindsay, P.A.

Suite, Apt. #, Etc.

321 Royal Poinciana Plaza, South

City

Palm Beach

800003888698-4

-03/20/01--01088--005

*****300.00 *****300.00

800003888698-4

-03/20/01--01088--006

State *****5.00 *****5.00

FL 33480

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

Warren D. Hayes, Sr.

Date **3-9-01**

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
MEM	Lawrence Gaslow	800 S. Ocean Blvd.	Boca Raton, FL 33432

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

Lawrence Gaslow

Date **2/5/01**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager



ACCOUNT NO. : 072100000032

REFERENCE : 081105 4327828

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : March 16, 2001

ORDER TIME : 1:51 PM

ORDER NO. : 081105-005

CUSTOMER NO: 4327828

CUSTOMER: Stuart J. Haft, Esq
Alley Maass Rogers & Lindsay,
321 Royal Poinciana Pl., South

Palm Beach, FL 33480-0431

DOMESTIC FILINGS

NAME: SON MARINE, L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156
EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAR 16 PM 3:17
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING