

L98000001065

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
AND
FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 FEB -4 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001065

1. Limited Liability Company's Name

NAUTICAL HOLDINGS, L.L.C.

2. Principal Office Address

19345 U.S. Hwy. 19 N.

Suite, Apt. #, etc.

4th Floor

City & State

Clearwater, FL

Zip

34624

Country

USA

3. Mailing Office Address

19345 U.S. Hwy. 19 N.

Suite, Apt. #, etc.

4th Floor

City & State

Clearwater, FL

Zip

34624

Country

USA

REINSTATEMENT 1999-200

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

July 13, 1998

6. FEI Number

59-3522485

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ ~~STATE~~ ~~FEDERAL~~

8. Name and Address of Current Registered Agent

Name

Arthur H. Warshaw

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

19345 U.S. Hwy. 19 N.

Suite, Apt. #, Etc.

4th Floor

City

Clearwater

State

FL

Zip Code

34624

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

Arthur H. Warshaw

REGISTERED AGENT MUST SIGN

Date

2/2/00

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
MGR	Henrik N. Vanderlip	133 River Road	Cos Cob, CT 06807
MGR	Arthur H. Warshaw	19345 U.S. Hwy. 19 N. 4th Floor	Clearwater, FL 34624

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JB 700

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

Arthur H. Warshaw

Date

2/2/00

Daytime Phone #

727-530-5424

Typed or printed name of signing Managing Member/Manager

Arthur H. Warshaw, Manager



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 4, 2000

CSC
ATTN: ANGIE GLISAR

SUBJECT: NAUTICAL HOLDINGS, L.L.C.
Ref. Number: L98000001065

We have received your document for NAUTICAL HOLDINGS, L.L.C. and the authorization to debit your account in the amount of \$130.00. However, the document has not been filed and is being returned for the following:

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$50.00 filing fee per year for the years 1999 through 2000; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is 200.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 000A00005890

RESUBMIT

Please give original

when you file date.

*please debit our account for the \$200.00
filing fee*

Thanks!

Patricia Piquero
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Angie Glisar
RECEIVED
FEB 10 9:51 AM '00



THE UNITED STATES
CORPORATION
COMPANY

L980000001065

ACCOUNT NO. : 072100000032

REFERENCE : 576631 10992A

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ ~~130.00~~ 200.00

ORDER DATE : February 4, 2000

ORDER TIME : 12:19 PM

ORDER NO. : 576631-010

CUSTOMER NO: 10992A

CUSTOMER: Mr. William T. Harrison, Iii
Sharp Smith & Harrison, P.a.
Suite 630
4830 W. Kennedy Boulevard
Tampa, FL 33609

DOMESTIC FILINGS

NAME: NAUTICAL HOLDINGS, L.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: Angie Glisar

EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 FEB - 4 PM 2:24

RECEIVED