

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED

00 JAN -3 PM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002735

1. Limited Liability Company's Name

OCEAN MAJESTY SHIPPING LLC

2. Principal Office Address

4815 E. BUSCH BLVD

Suite, Apt. #, etc.

Suite 208-L

City & State

TAMPA, FL

Zip

33617

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

NOV 17, 1998

6. FEI Number

59-354-2260

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

DAVID F. MOYERS

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

4815 E. BUSCH BLVD

Suite, Apt. #, Etc.

Suite 208-L

City

TAMPA

State

FL

Zip Code

33617

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/27/99

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
CEO	DAVID F. MOYERS	8416 BARRETT PI	TAMPA, FL 33617
TREAS.	LOURDES P. MOYERS	8416 BARRETT PI	TAMPA, FL 33617
V.P.	ALBERTO G. PUNO	8416 BARRETT PI	TAMPA, FL 33617
DIR.	JOSEFINA M. HOUSE	4810 CLEMENT	Temple Terrace, FL 33617

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

*[Signature]*

Date 12/27/99 Daytime Phone # 813-985-5530

Typed or printed name of signing Managing Member/Manager

DAVID F. MOYERS