

APPROVAL
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 OCT 22 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L98000003018

1. Limited Liability Company's Name
CALLAN MARINE, LLC

REINSTATEMENT 2001

2. Principal Office Address One Middle Street Suite, Apt. #, etc.		3. Mailing Office Address One Middle Street Suite, Apt. # etc.		4. State/Country of Formation Florida	
City & State Portsmouth, NH		City & State Portsmouth, NH		5. Date Organized or Qualified To Do Business in Florida 12/4/98	
Zip 03801	Country USA	Zip 03801	Country USA	6. FEI Number 65-0880139	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

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***150.00 ***150.00

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 Connie Bryan **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 10-22-01

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	Scott E. Morrisse	One Middle Street	Portsmouth, NH 03801
MGR	David F. Callan	One Middle Street	Portsmouth, NH 03801

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 it made under oath.

Signature of Managing Member/Manager

Date 10/17/01

Daytime Phone # 603-431-1201

Typed or printed name of signing Managing Member/Manager Scott E. Morrisse