

PLEASE READ INSTRUCTIONS BEFORE COMPLETING FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN -9 PM 4:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L98000003018**

1. Limited Liability Company's Name

Callan Marine, LLC

2. Principal Office Address

290 Ansin Road

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip
32955

Country
USA

3. Mailing Office Address

PMB # 375

Suite, Apt. #, etc.

1500A Lafayette Road

City & State

Portsmouth, NH

Zip
03801-5918

Country
USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

12/04/1998

6. FEI-Number

65-0880139

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

CT Corporation

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

600010167446

01/16/03--01072--003 **150.00

600010167446

01/16/03--01072--004 **50.00

State
FL

Zip Code
33324

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

Kristen Betzger
REGISTERED AGENT MUST SIGN

KRISTEN BETZGER
VICE PRESIDENT

Date

1.7.03

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 |
|--------|--------------------------------------|---|---------------------------|
| MGR | Scott E. Morrisse | PMB # 375, 1500A Lafayette Road | Portsmouth, NH 03801-5918 |
| MGR | David F. Callan | PMB # 375, 1500A Lafayette Road | Portsmouth, NH 03801-5918 |
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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

Scott E. Morrisse

Date 1/6/2003

Daytime Phone# 603-431-1201

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

MJH

CR2E041 (10/02)