

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

01 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99-1623

1. Limited Liability Company's Name

Deep Sea Operations LLC

2. Principal Office Address

11920 46th Pl N

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip Country

33411 USA

3. Mailing Office Address

11920 46th Pl N

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip Country

33411 USA

REINSTATEMENT

2001

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

3-25-1999

6. FEI Number

65-0904968

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

Robert W. Wicklund

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

11920 46th Pl N

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

200004659322-2

-10/30/01--01062--003

****155.00 ****155.00

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

Robert W. Wicklund

Date 10-16-01

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
Pres	Robert W. Wicklund	11920 46 th Pl N	Royal Palm Beach, FL 33411
VP	William Neunzig	733 N Crescent Dr	Hollywood, FL 33021
Sec	Janine S. Wicklund	11920 46 th Pl N	Royal Palm Beach, FL 33411

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

Robert W. Wicklund

Date 10-16-01

Daytime Phone # 561-753-3535

Typed or printed name of signing Managing Member/Manager

Robert W. Wicklund