

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 24 PM 3:46

6/27/02/04

DOCUMENT # **L99000002945**

1. Limited Liability Company's Name

**EAST COAST MARINE CHARTERS, LLC
REINSTATEMENT 2000-2004**

2. Principal Office Address

350 E. LAS OLAS BLVD.

Suite, Apt. #, etc.

SUITE 1400

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

USA

3. Mailing Office Address

SAME AS 2

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

05-21-1999

6. FEI Number

52-2184758

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

JOHN J. FLYNN

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

350 E. LAS OLAS BLVD

Suite, Apt. #, Etc.

SUITE 1400

City

FT. LAUDERDALE

State

FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date

6/22/04

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
MEM	JOHN J. FLYNN	350 E. LAS OLAS BLVD SUITE 1400	FT. LAUDERDALE, FL 33301

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

Date

6/22/04

Daytime Phone #

954-762-3263

Typed or printed name of signing Managing Member/Manager

JOHN J. FLYNN

CR2E041 (10/02)