

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 29 PM 5: 05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

600005500896--9

-05/09/02--01062--008

****200.00 ****200.00

DOCUMENT # L99000005587

1. Limited Liability Company's Name

HOT TUNA CHARTERS, LLC

2. Principal Office Address

2325 NE INDIAN RIVER DRIVE

Suite, Apt. #, etc.

City & State

JENSEN BEACH, FL

Zip
34957

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-0967344

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

GART, DAVID A. SHUTTS & BOWEN

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

250 AUSTRALIAN AVE. S

Suite, Apt. #, Etc.

#500 ONE CLEARLAKE

City

WEST PALM BEACH, FL

State

FL

Zip Code

33401

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 602, F.S.

Signature of
Registered Agent

Rufus Wakeman II *David Gart*

REGISTERED AGENT MUST SIGN

Date

4/4/02
3-19-02

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

MGRM WAKEMAN, RUFUS II

646 NE RIVER TER.

JENSEN BEACH, FL 34957

MGRM WAINWRIGHT, JONATHAN

100 MAIDEN LANE

NEW YORK, NY

REINSTATEMENT

01-02
du

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

Rufus Wakeman II

Date

3-19-02

Daytime Phone #

561-334-0401

Typed or printed name of signing Managing Member/Manager

RUFUS WAKEMAN II

CR2041 (9/01)