PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED **LIMITED LIABILITY** FLORIDA DEPARTMENT OF STATE 04 AUG -2 PM 3: 34 **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SEGAL TAKY OF STATE TALLAMASSEE FLORIDA DOCUMENT # 1990000 5864 for Aquaculture and Scaffring Technologies, LLC 2. Principal Office Address 3. Mailing Office Address 4. State/Country of Formation Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida City & State City & State 6. FEI Number-Applied, For 59-3599844 Not Applicable Zip Country \$5.00 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 16° 8. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 275 East Suite, Apt. #, Etc. City Zip Code State N.edo FI 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 60%, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members Managers Street Address of Each Name of Managing Members/Managers Titles City / State / Zip Managing Member/Manager 400039797194 08/02/04--01100--001 \*\*\*35

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

Typed or printed name of signing Managing Member/Manager