

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICANT INFORMATION
 FOR REINSTATEMENT
 JIM SMITH
 Secretary of State
 DIVISION OF CORPORATIONS

AND FILED

02 DEC 18 AM 9:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000001999

Name and Mailing Address

0006095 01 FP 0.352 **PRST T9 0 0615 32250-173706

JACKSONVILLE MARINE SERVICES, LLC
 13906 WHEELING LANE
 JACKSONVILLE FL 32250-1737

REINSTATEMENT



2. New Mailing Address		4. State/Country of Formation SC	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/26/2000	
Principal Place of Business 13906 WHEELING LANE JACKSONVILLE FL 32250	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 56-2263204 52-0740100	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent KELLEY, CHARLES 13906 WHEELING LANE JACKSONVILLE FL 32205	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 [Signature] Date 12-15-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KELLEY, CHARLES A	13906 WHEELING LANE	JACKSONVILLE FL 32250
			200009582052 12/18/02--01069--004 **150.00

12. 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 [Signature] Date 12-15-02 Daytime Phone # _____

CR2E084 (8/02)