

PLEASE READ ALL INSTRUCTIONS BEFORE COM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 23, 2002 8:00 A.M.
Secretary of State

DOCUMENT # M01000001044

1. Limited Liability Company's Name

Master Maritime LLC

2. Principal Office Address

306 Alcazar Av.

3. Mailing Office Address

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

City & State

Coral Gables - FL

City & State

FL

Zip

33134

Country

USA

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

May 9th 2001

6. FEI Number

65-0911980

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

F. Daniel Gaffe

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

306 Alcazar Av.

Suite, Apt. #, Etc.

302

City

Coral Gables

State
FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-22-02

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
MEM	Ron Wilkins	306 Alcazar Av.	FL - Coral Gables 33134
MBR	F. Daniel Gaffe	306 Alcazar Av.	FL Coral Gables

REINSTATEMENT

02

dec

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

[Signature]

Date 10-22-02

Daytime Phone# 305-442-8606

Typed or printed name of signing Managing Member/Manager