

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 11 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001044

1. Limited Liability Company's Name

Mostar Maritime, LLC

2. Principal Office Address

1450 Madruga Ave.

Suite, Apt. #, etc.

Suite 306

City & State

Coral Gables, Fl.

Zip

33146

Country

Miami-Dade

3. Mailing Office Address

1450 Madruga Ave.

Suite, Apt. #, etc.

Suite 306

City & State

Coral Gables, Fl.

Zip

33146

Country

Miami-Dade

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

05/09/01

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 Saffe

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

1450 Madruga Ave.

Suite, Apt. #, Etc.

Suite 306

City

Coral Gables

State

FL

Zip Code

33146

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

Date 3/10/04

REGISTERED AGENT MUST SIGN

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
P	F. Daniel Saffe	1450 Madruga Ave. Ste.306	Coral Gables Fl 33146
VP	Henry Socorro	1450 Madruga Ave. Ste.306	Coral Gables Fl 33146

REINSTATEMENT 03-04

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 3-10-04

Daytime Phone# 305 665-7747

Typed or printed name of signing Managing Member/Manager F. Daniel Saffe

CR2E041 (10/02)