

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 25, 2003 8:00 A.
Secretary of State

DOCUMENT # M01000001091

1. Limited Liability Company's Name

NATIONAL WHOLESALE MARINE GROUP LLC

2. Principal Office Address

1209 ORANGE ST.

Suite, Apt. #, etc.

City & State

WILMINGTON DE

Zip

19081

Country

USA

3. Mailing Office Address

1209 ORANGE ST

Suite, Apt. #, etc.

City & State

WILMINGTON DE

Zip

19081

Country

USA

4. State/Country of Formation

DELAWARE, USA

5. Date Organized or Qualified
To Do Business in Florida

5-11-01

6. FEI Number

522033635

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

RICHARD MIESEN

000022557350

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

4300 S. U.S. Highway 1, ~~SAFARI~~

Suite, Apt. #, Etc.

Suite 203-253

City

JUPITER

State

FL

Zip Code

33477

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

Richard Miesen

Date 8-22-03

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
<u>MGR</u>	<u>RICHARD MIESEN</u>	<u>2018 MAINSAIL CIRCLE</u>	<u>JUPITER FL 33477</u>

REINSTATEMENT 2002-03

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

Richard Miesen

Date 8-22-03

Daytime Phone# 561-310-6687

Typed or printed name of signing Managing Member/Manager

RICHARD J. MIESEN

CR2E041 (10/02)