

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

17 DOCUMENT # M02000003442
Name and Mailing Address

0010605 01 AT 0.292 **AUTO T9 0 0615 34217-248106
EXPEDITION MARINE LLC
406 CHURCH AVE, UNIT A
BRADENTON BEACH FL 34217-2481

RJH



10/28 2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation WA	
Principal Place of Business 406 CHURCH AVE, UNIT A BRADENTON BEACH FL 34217		5. Date Organized or Qualified To Do Business in Florida 12/20/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 46-0505876 Applied For Not Applicable	
8. Name and Address of Current Registered Agent SIMS, TIM 406 CHURCH AVE, UNIT A BRADENTON BEACH FL 34217		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name <u>Tim Sims</u> Street Address (P.O. Box Number is Not Acceptable) <u>406 Church Ave A</u> City <u>Bradenton Beach</u> FL Zip Code <u>34217</u>			
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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>10/15/03</u> 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
MGR	SIMS, TIM	1617-28TH ST	ANICORTES WA 98221
MGR	PIERE, BILL	12531 30 NE	SEATTLE WA 98125
			900024185579 10/28/03--01008--016 **150.00
REINSTATEMENT 2003			

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] **SIGNATURE REQUIRED** Date 10/16/03 Daytime Phone # 360 770 8001

Typed or printed name of signing Managing Member/Manager

CR20084 (7/03)