

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M14000005238**

1. Limited Liability Company's Name

Neptune Reef Services, LLC

2. Principal Office Address - No P.O. Box #

1929 Allen Parkway

Suite, Apt. #, etc.

City & State

Houston, Texas

Zip

77019

Country

USA

3. Mailing Office Address

1929 Allen Parkway

Suite, Apt. #, etc.

City & State

Houston, Texas

Zip

77019

Country

USA

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Courtney Williams

Asst. Vice President

Date 10.07.15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	N. Lee Longino	26133 US 19 North, Ste. 308	Clearwater, Florida 33763
MGR	Janet Key	1929 Allen Parkway	Houston, Texas 77019
MGR	Susan L. Garrett	1929 Allen Parkway	Houston, Texas 77019

REINSTATEMENT

2015

S. HAWKES

OCT 8 - A.M.

EXAMINER

11. E-mail Address rene.nelson@sci-us.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

10/07/2015

Daytime Phone #

713-522-5141

Typed or printed name of signing authorized representative/member

Janet Key

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 823497 4324348
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 298.75

ORDER DATE : October 7, 2015

ORDER TIME : 3:14 PM

ORDER NO. : 823497-005

CUSTOMER NO: 4324348

REINSTATEMENT

NAME: NEPTUNE REEF SERVICES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
15 OCT - 7 AM 3:32