PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

UNIFORM BUS. RPT.

LIMITED LIABILITY COMPANY For ~~REINSTATEMENT~~ 1999 & 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 26 PM 2:44

DOCUMENT # M97000000523

1. Limited Liability Company's Name
Coastal Maritime Services, LLC

2. Principal Office Address	3. Mailing Office Address
9550 Regency Sq. Blvd.	9550 Regency Sq Blvd
Suite, Apt. #, etc. 1107	Suite, Apt. #, etc 1107
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32225 Country USA	Zip 32225 Country USA

4. State/Country of Formation Georgia

5. Date Organized or Qualified To Do Business in Florida 8/97

6. FEI Number 58-229-3157 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

99 FF 188.75
00 FF 50.00
1/26/0

8. Name and Address of Current Registered Agent

Name: Magnus B. Lindeback

Street Address (P.O. Box Number is Not Acceptable): 9550 Regency Sq Blvd Suite 1107

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32225

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: Magnus B. Lindeback — Date: 1/05/00

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
Mgrm	Magnus B. Lindeback	9550 Regency Sq Blvd #1107	Jacksonville, FL 32225
Mgrm	Kathleen E. Wiley	9550 Regency Sq Blvd #1107	Jacksonville, FL 32225

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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: Magnus B. Lindeback — Date: 1/4/00 — Daytime Phone # 904 727-7007

Typed or printed name of signing Managing Member/Manager