08/24/2001 14:54 [illegible] WRTC PAGE 01/02

PLE[illegible]AL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M97000006078

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
01 SEP -6 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000006078

1. Limited Liability Company's Name

ISLAND EXPRESS BOAT LINES, LTD. A&C
101 W. SHORELINE DRIVE
SANDUSKY, OHIO 44870

2. Principal Office Address	3. Mailing Office Address
101 W. Shoreline Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sandusky, Ohio	City & State
Zip: 44870 Country: US	Zip Country

4. State/Country of Formation: Ohio

5. Date Organized or Qualified To Do Business in Florida: 10/13/97

6. FEI Number: 31-1523942 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Joyce A. Gilbert JOYCE A. GILBERT ASSISTANT SECRETARY Date: 9-5-01
REGISTERED AGENT MUST SIGN

GR2E041 (9/00)

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
MGR	Baxter, Kevin J	1630 Willow Drive	Sandusky, Oh 44870
MGR	Ohly, Duane C	4309 Autumn Ridge Lane	Sandusky, Oh 44870
MGR	Martin, Andrews S	109 Cedar Point Road	Sandusky, Oh 44870
			900004575019--8
			-09/07/01--01055--024
			****250.00 ****250.00

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: Duane C Ohly Date: 8-30-01 Daytime Phone #: 419-656-0882

Typed or printed name of signing Managing Member/Manager: Duane C. Ohly