

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 12 PM 12:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M98000000077

1. Limited Liability Company's Name

Seo-Kyeon Submersibles, LLC

CR2E041 (10/08)

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

4613 University Dr.

Suite, Apt. #, etc.

392

City & State

Coral Springs, FL

Zip

33067

Country

USA

3. Mailing Office Address

2913 El Camino Real

Suite, Apt. #, etc.

301

City & State

Tustin, CA

Zip

92782

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

January 21, 1998

6. FEI Number

65-0803559

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

RONALD NILSON

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

4613 University Drive

Suite, Apt. #, Etc.

392

City

Coral Springs

State

FL

Zip Code

33067

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Ronald Nilson

Date November 5, 2008

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
Managing Member	RONALD NILSON	4613 University Dr #392	Coral Springs, FL 33067

400137929204

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REINSTATEMENT 1999-2008

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

Ronald Nilson

Date 11/5/2008

Daytime Phone # 954-464-4789

Typed or printed name of signing Managing Member/Manager

RONALD NILSON