APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 MAR 24 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company — **DOCUMENT # Z00153**

Marine Archeological Recovery, L.C.
5100 Poplar Avenue, Suite 2208
Memphis, Tennessee 38137

If above mailing address is incorrect in any way, line through incorrect information and write correction in Block 2a.

REINSTATEMENT 96-97

1a. Principal Place of Business Address

Same

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

3. Date Organized or Qualified: 12-11-89

3a. State of Formation: Florida

4. FEI Number: 62-1415764 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: 3-20-95

6. Certificate of Status Desired: [illegible] ☒

7. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City: FL | Zip Code

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: Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — 3/25/97
REGISTERED AGENT SIGNATURE

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
~~MGR CEO~~	Humphreys, James H.	6040 Shady Grove Road	Memphis, TN 38119
~~VP~~ MGR	Humphreys, III James H.	6040 Shady Grove Road	Memphis, TN 38119
MGR ~~VP~~	Hudson, John T.	530 Wild Cherry Court	Memphis, TN 38119

200002124802--4
-03/26/97--01088--015
****916.25 ****916.25

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 608.408, 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] Date: 3-24-97 Daytime Phone #: (901) 681-0100

Typed or printed name of signing Managing Member/Manager: James H. Humphreys

CR2E041 12/96

AP 3/24/97