

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

DOCUMENT # L0000000000150

**1. Limited Liability Company's Name**

Amelia River Cruises : Charters LLC

**2. Principal Office Address**

4783 OT's Trail

Suite, Apt. #, etc.

City & State

Fernandina Bch FL

Zip

32034

Country

USA

**3. Mailing Office Address**

2206 Florida Ave.

Suite, Apt. #, etc.

City & State

FERNANDINA BEACH, FL

Zip

32034

Country

U-SA

2001-2002

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

5/26/2000

**6. FEI Number**

59-3554056

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

**\$300 Additional Fee required  
for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name

Kevin P. McCarthy

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

2206 Florida Ave.

Suite, Apt. #, Etc.

City

Fernandina Bch, FL

State

FL

Zip Code

32034

800004925258-0

-02/14/02-01036-004

\*\*\*200.00 \*\*\*200.00

**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

K. P. McCarthy

REGISTERED AGENT MUST SIGN

Date 10-18-01

**10. Names and Street Addresses of Managing Members/Managers**

Titles

Name of  
Managing Members/Managers

Street Address  
Managing Member/Manager

City / State / Zip

MGRM	Brian McCarthy	2112 N. 14th St	
MGRM	Glenn McCarthy	1816 S. Wicke Dr.	Flower Mound TX. 75028
MGRM	Sean McCarthy	Scott Rd	Fernandina Bch, FL 32034
MGRM	Kerri Broad	3715 Pritwood Dr.	Melbourne FL 32935
MGRM			

**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

K. P. McCarthy

Date

1/17/02

Daytime Phone #

904-556-3223

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)