

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 23 PM 2:20

DOCUMENT # L01000011068

1. Limited Liability Company's Name

MAN-OWAY CHARTERS LLC

600030903906
03/23/04--01033--002 **250.00

2. Principal Office Address

123 BRACH BLVD

Suite, Apt. #, etc.

City & State

ISLAMORADA, FLORIDA

Zip 33036
FLORIDA

Country

USA

3. Mailing Office Address

151 N. ORLANDO AVE

Suite, Apt. #, etc.

#235

City & State

WINTER PARK FL

Zip

32789

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

7/9/2001

6. FEI Number

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

ROBERT WHITMORE

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

151 N. ORLANDO AVE

Suite, Apt. #, Etc.

#235

City

WINTER PARK

State

FL

Zip Code

32789

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

ROBERT WHITMORE

Date 3/10/04

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
MGR	MARELLIS	123 BRACH BLVD	ISLAMORADA, FLORIDA 33036
MGRM	ROBERT WHITMORE	151 N. ORLANDO AVE #235 WINTER PARK	WINTER PARK FLORIDA, 32789

REINSTATEMENT

2002-2004

UP 3/30/04

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

ROBERT WHITMORE

Date 3/10/04

Daytime Phone #

407-916-8519

Typed or printed name of signing Managing Member/Manager

ROBERT WHITMORE

CR2041 (10/02)