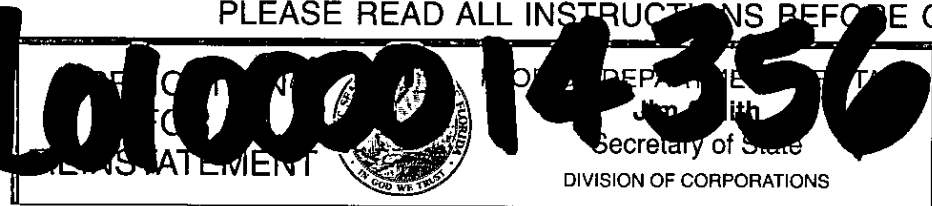


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 DEC -9 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000014356

Name and Mailing Address

0005996 01 FP 0.352 **PRSR T8 0 0615 34238-321941

OUTRIGGERS SPORTFISHING CHARTERS, LLC
9441 HAWKSMOOR LANE
SARASOTA FL 34238-3219

7000009413057
12/09/02--01025-008 **155.00



CR2084 (8/02)

2. New Mailing Address N/A City, State, Zip N/A		4. State/Country of Formation FL	
3. New Principal Place of Business Address Principal Place of Business 9441 HAWKSMOOR LANE SARASOTA FL 34238 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/23/2001	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent SCHULTEN, MAURICE J 9441 HAWKSMOOR LANE SARASOTA FL 34238		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <i>Maurice J. Schulten</i> Date 10-22-02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SCHULTEN, MAURICE J	9441 HAWKSMOOR LANE	SARASOTA FL 34238
REINSTATEMENT 2002			
12/10/02			

12. 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

Date 10-22-02

Daytime Phone #

941-966-6222

Typed or printed name of signing Managing Member/Manager

Maurice J. Schulten