

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -6 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000014474

Name and Mailing Address

0007589 01 FP 0.352 **PRSRT T3 0 0615 33187-173531

REEL LIVIN' CHARTERS, LLC

15031 SW 169TH LANE
MIAMI FL 33187-1735



US

2. New Mailing Address

100 N.E. 6th Ave Lot #209

City, State, Zip
Homestead FL 33030

Principal Place of Business

15031 SW 169TH LANE
MIAMI FL 33187
US

3. New Principal Place of Business Address

100 N.E. 6th Ave Lot 209

City, State, Zip

Homestead FL 33030

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/24/2001

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

JEHLE, RONALD E
15031 SW 169TH LANE
MIAMI FL 33187

9. Name and Address of New Registered Agent

Name

Jehle, RONALD E

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

100 NE 6th Ave Lot 209

Homestead

City

FL

Zip Code

33030

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

Ronald E. Jehle

REGISTERED AGENT MUST SIGN

Date 10/25/02

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
MGRM	JEHLE, RONALD E	15031 SW 169TH LANE	MIAMI FL 33187
MGRM	JEHLE, JAMES J	15031 SW 169TH LANE	MIAMI FL 33187

000008790560
11/04/02--01093--017 **150.00

REINSTATEMENT

Dec

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

Ronald E. Jehle

Date 10/25/02

Daytime Phone # 305-519-4647

Typed or printed name of signing Managing Member/Manager

RONALD E. JEHL

CR2E084 (8/02)