

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

10 OCT 28 AM 9:48

DOCUMENT #

1. Limited Liability Company's Name

Treasure Coast Yacht Charters, LLC

700187197197
10/28/10--01033--004 **\$55.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 2755 Earring Point		3. Mailing Office Address 6685 110th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vero Beach, Florida		City & State Sebastian, Florida	
Zip 32963	Country U.S.	Zip 32958	Country U.S.

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 2/21/2002	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Thomas H. Collins			
Street Address (P.O. Box Number is Not Acceptable) 2755 Earring Point			
Suite, Apt. #, Etc.			
City Vero Beach	State FL	Zip Code 32963	

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	Date Oct. 25 August , 2010
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
MGRM	Thomas H. Collins	2755 Earring Point	Vero Beach, Florida 32963

REINSTATEMENT 2007-2010

11. E-mail Address: jmoore@verobeachlawyers.com		(To be used for future annual report notifications)
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 10/25/10	Daytime Phone # (772) 633-0260
Typed or printed name of signing Managing Member/Manager Thomas H. Collins		