

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenn E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

202000021539

1. **DOCUMENT #** L02000021539
Name and Mailing Address

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 REEL ACTION CHARTERS LLC
 1601 ATWATER DR.
 NORTH PORT FL 34288-8408



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/21/2002	
Principal Place of Business 1601 ATWATER DR. NORTH PORT FL 34288	3. New Principal Place of Business Address	6. FEI Number 20-002362	Applied For
	City, State, Zip	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Not Applicable
		<div> <div>\$5.00 Additional Fee required for a Certificate of Status</div> </div>	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
FRENCH, ANTHONY D 1601 ATWATER DR. NORTH PORT FL 34288	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 *Anthony F. Beach* **SIGNATURE REQUIRED** Date 12/8/03

REGISTERED AGENT MUST SIGN

[illegible]

REINSTATEMENT

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 *Christy E. Funder* Date 12/8/03 Daytime Phone # 941 426 8535

Typed or printed name of signing Managing Member/Manager _____