

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L02000025418

Entity Name: AGAPE CHARTERS, L.L.C.

Current Principal Place of Business:

10420 SW 77TH AVENUE
100
PINECREST, FL 33156

New Principal Place of Business:

18001 OLD CUTLER ROAD
523
PALMETTO BAY, FL 33157

Current Mailing Address:

10420 SW 77TH AVENUE
100
PINECREST, FL 33156

New Mailing Address:

18001 OLD CUTLER ROAD
523
PALMETTO BAY, FL 33157

FEI Number: 68-0522889 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BERENGUER, JUAN F
10420 SW 77TH AVENUE
100
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

BERENGUER, JUAN F
18001 OLD CUTLER ROAD
523
PALMETTO BAY, FL 33157 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JUAN F BERENGUER

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BERENGUER, JUAN F
Address: 10420 SW 77TH AVENUE STE. 100
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BERENGUER, JUAN F
Address: 18001 OLD CUTLER ROAD, SUITE 523
City-St-Zip: PALMETTO BAY, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUAN F BERENGUER

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date