

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUL -6 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000009325

1. Limited Liability Company's Name

Charlotte Harbor Partners, LLC

CR2E041 (8/05)

2. Principal Office Address

4300 Kings Highway

Suite, Apt. #, etc.

500

City & State

Port Charlotte, FL

Zip

33980

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

March 12, 2003

6. FEI Number

20-4900986

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

Name

Darol H. M. Carr, Esquire

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

99 Nesbit Street

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33950

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

7-5-06

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	Donald J. Kaminski	4300 Kings Highway, Suite 500	Port Charlotte, FL 33980
			200077161272 07/07/08--01053--022 **250.00
			2004-2006 7-6-06

11. 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

6-13-06

Daytime Phone #

941-627-9300

Typed or printed name of signing Managing Member/Manager

Donald J. Kaminski