


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000009325

1. Limited Liability Company's Name


Charlotte Harbor Partners, LLC

CR2E041 (8/05)

<b>2. Principal Office Address</b> 4300 Kings Highway		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc. 500		Suite, Apt. #, etc.	
City & State Port Charlotte, FL		City & State	
Zip 33980	Country USA	Zip	Country

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> March 12, 2003	
<b>6. FEI Number</b> 20-4900986	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

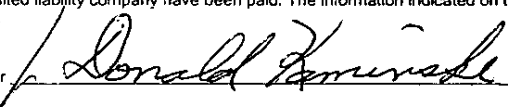
<b>8. Name and Address of Current Registered Agent</b>	
Name Darol H. M. Carr, Esquire	
Street Address (P.O. Box Number is Not Acceptable) 99 Nesbit Street	
Suite, Apt. #, Etc.	
City Punta Gorda	State FL
	Zip Code 33950

<b>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.</b>	
Signature of Registered Agent 	Date 7-5-06
REGISTERED AGENT MUST SIGN	

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
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

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<b>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.</b>	
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	