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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(2)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

M. HODGES

CR2E041 (8/05)

10/12

DOCUMENT # L03000033233

1. Limited Liability Company's Name
GOLD CHARTERS, LLC

2. Principal Office Address		3. Mailing Office Address	
201 S. Biscayne Blvd.		201 S. Biscayne Boulevard	
Suite, Apt. #, etc. 1500 (WGM)		Suite, Apt. #, etc. 1500 (WGM)	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/03/03

6. FEI Number: 47-0933585 ☐ 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: CORPORATION COMPANY OF MIAMI

Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd., Ste. 1500 (WGM)

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33131

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: [signature] Felicia Hickey Asst. Secy. CCOM Date: 10/12/05
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M/M	TERRANCE P. KELLEY	4249 Galt Ocean Drive #1002	Ft. Lauderdale, Florida 33308

REINSTATEMENT 2004 2005

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: [signature] Date: 10/11/05 Daytime Phone #: 954 565-3445

Typed or printed name of signing Managing Member/Manager: Terrance P. Kelley

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

GOLD CHARTERS, LLC

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