FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 JAN -7 P 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000033233

1. Limited Liability Company's Name

GOLD CHARTERS, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
201 S. BISCAYNE BLVD.		SAME AS #2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 1500 (WGM)			
City & State		City & State	
MIAMI, FL			
Zip	Country	Zip	Country
33131	USA		

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business In Florida: 09/03/2003

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.

Suite, Apt. #, Etc.: SUITE 1500 (WGM)

City: MIAMI | State: FL | Zip Code: 33131

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Corporation Company of Miami By: Raul J. Salas — REGISTERED AGENT MUST SIGN — Date: 1-4-08

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
MGRM	KELLEY, TERRANCE P.	4240 GALT OCEAN DRIVE, #1002	FORT LAUDERDALE, FL 33308

REINSTATEMENT 06-08

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 608.508, 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: Terrance Kelley — Date: 12.02.08 — Daytime Phone #: 954.565.3445

Typed or printed name of signing Managing Member/Manager: TERRANCE P. KELLEY

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000003045 3)))

H080000030453ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

LIMITED LIABILITY REINSTATEMENT

GOLD CHARTERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$516.25~~

Please waive fees
$46.25

RECEIVED
08 JAN -7 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help