PLETING THIS FORM.

LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

07 JUL 16 PM 4:54

DOCUMENT # L03000036528

1. Limited Liability Company's Name

DM Yacht Charters, LLC

Typed or printed name of signing Managing Member/Manager

							CR2E041 (1/07)	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address							Ch2E041 (1/07)	
202 1	Lake M	Iiriam Drive	202 Lake Miriam Drive			4. State/Co	ountry of Formation	
Suite, Apt. #			Suite, Apt. #, etc.			Flo	rida	
<u> </u>	h - 1		South - 1			5. Date Org To Do Bi	panized or Qualified usiness in Florida 9-19-2003	
City & State	•		City & State	y & State				
	land,		Lakeland,	FL		6. FEI Num 54-	Applied For Applied For Not Applicable	
Zip 3381	3	Country USA	Zip 33813	US	•	7. CERTIFICA	S5.00 Additional Fee required for a Certificate of Status	
		8. Name and Address of	Current Registered Ag	ent				
Street Addi 202] Suite, Apt. Sout]	Lake M	ray x Number is Not Acceptable) Iiriam Drive					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.	
City State Zip Code FL 33813							l	
9. I, being	appointed the	registered agent of the above	e named limited liability	company	, am familiar with and	accept the oblig	gations of Chapter 608, F.S.	
Signature of Registered		RE	GISTERED AGENT MU	ST SIGN			Date	
10. Name	es and Street	Addresses of Managing Mem	bers/Managers					
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager			City / State / Zip	
MGRM	David	Murray	202	Lak	e Miriam		outh- 1 Lakeland, FL 3381	
					<u>.</u>	07/1	00106351117 807-01055-006 **150.00	
	Ŧ	7 \$ 150 2F N/A			\mathbb{R}	EIN	STATEMENT	
	<i>,</i>	CF N/A	-		···		2005-2007 BLT	
filing the all fees all fees as if m	is reinstateme s owed by the lade under oa	ent application the reason for limited liability pompany have th.	dissolution has been elin	ninated th	ne limited liability comp ted on this application	pany name satisf	ded for in chapter 608, F.S. I further certify that when fies the requirements of section 608.406, F.S., and that trate, and my signature shall have the same legal effect Daytime Phone # 263 647 2333	