


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # **L03000055395**

1. Limited Liability Company's Name
D + K Charter, LLC
L03000099399

2. Principal Office Address 133 N. Lakeshore Drive		3. Mailing Office Address (same)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hypoluxo, Florida		City & State	
Zip 33462	Country Palm Beach	Zip	Country

4. State/Country of Formation Florida, USA.	
5. Date Organized or Qualified To Do Business in Florida 12/23/03	
6. FEI Number 84-1457907	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **David M. Jenkins**

Street Address (P.O. Box Number is Not Acceptable)
133 N. Lakeshore Drive

Suite, Apt. #, Etc.

City **Hypoluxo** State **FL** Zip Code **33462**

REINSTATEMENT 04-05

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 **David M. Jenkins** Date **1/24/09**

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	David M. Jenkins	133 N. Lakeshore Dr.	Hypoluxo, FL 33462
M.	Elisabeth J. Bottles	3008 webster Pt. Rd. NE	Seattle, WA 98105

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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 **David M. Jenkins** Date **1/24/09** Daytime Phone # **(954) 494-8209**

Typed or printed name of signing Managing Member/Manager **David M. Jenkins**

CR2E041 (10/02)