



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000003279 1. Entity Name PERSPECTIVE CHARTERS, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JAN 10 AM 10:32	
Principal Place of Business C/O SARDHA KALUARATCHI 5431 CONNECTICUT AVE., NW, #101 WASHINGTON, DC 20015				Mailing Address C/O SARDHA KALUARATCHI 5431 CONNECTICUT AVE., NW, #101 WASHINGTON, DC 20015			
2. Principal Place of Business		3. Mailing Address		 01052006 REIN-LLC CR2E101 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				4. EEI Number 20-0464126			
WATT, MORGAN 1339 HATHER LOOP DR BRANDON, FL 33511 <i>Hatcher Loop Dr.</i>				Applied For			
				Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				City			
FL				Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Morgan Watt</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/5/06</u>							
FILE NOW!!! FEE IS \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATT, MORGAN 1339 HATCHER LOOP DR. BRANDON, FL 33511			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200063960382 01/18/06--01039--003 **200.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATT, AMBER 1339 HATCHER LOOP DR. BRANDON, FL 33511			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: <u>Morgan Watt</u>				1/5/06 200-363-1174 Date Daytime Phone #			