

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 29 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD4000049897

1. Limited Liability Company's Name

ADVANCED CHARTERS, LLC

CR2E041 (8/05)

2. Principal Office Address

1406 Glendover Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Tarpon Springs

City & State

Zip

34689

Country

USA

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

7/2/2004

6. FEI Number

20-2039773

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

William C. Wonnacott

Street Address (P.O. Box Number is Not Acceptable)

1406 Glendover Ct.

Suite, Apt. #, Etc.

City

Tarpon Springs

State

FL

Zip Code

34689

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

William C. Wonnacott

Date

9/23/06

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
M/mbr	William C. Wonnacott	1406 Glendover Ct.	Tarpon Springs, FL 34689
			800080389708 10/03/06--01034--001 **100.00

REINSTATEMENT

05-06

9-24-08

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 608.406, 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

William C. Wonnacott

Date

9/23/06

Daytime Phone #

727-458-5070

Typed or printed name of signing Managing Member/Manager William C. Wonnacott

Advanced Charters, LLC

**1406 Glendover Court
Tarpon Springs, FL 34689
727 458 5070
Fax: 727 937 6526**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: State of Florida, Corporate Re-instatement Dept
From: Advanced Charter, LLC, William Wonnacott
Re: Re-Instating Corporation
Date: Sept 22, 2006

Document # L04000049897

To Dept of Florida State :

Several months after electronically filing to form my LLC corporation I moved from 201 Cypress Lane, Oldsmar, FL 34677 to 1406 Glendover Court, Tarpon Springs, FL 34689 in 2005. I never received any paperwork that indicated my LLC was inactive until I set up a new bank account and was so informed last week.

Waiver of re-instatement fee because of non-receipt of

If \$100.00 re-instatement fee can be waived based on failure to receive any paperwork because of a change of address, I would certainly appreciate it. Nevertheless, it is important to keep Advanced Charters LLC active.

In good faith, I am enclosing my estimated calculations based on your web site as follows:

Fee to activate my LLC Company from inactive status	\$100.00
Filing fee for 2005	\$50.00
Filing fee for 2006	\$50.00
Fee for receiving a certificate for 2006	<u>\$5.00</u>

Balance Due

\$205.00

If you have any questions, you can reach me at 727 458 5070. I am express mailing this check to you in the hope that we can re-activate my company as soon as possible.

Thank you for your assistance.

William C Wonnacott
William C Wonnacott
Advanced Charters, LLC