

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUN 30 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600157839906
06/26/09--01002--016 **516.25
CR2E041 (10/08)

DOCUMENT # L06000053514

1. Limited Liability Company's Name

Blue Water Charters, LLC

2. Principal Office Address - No P.O. Box #

227 Gary Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

227 Gary Avenue

Suite, Apt. #, etc.

City & State

Oak Hill

City & State

Oak Hill

Zip

32759

Country

USA

Zip

32759

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 05/18/2006

6. FEI Number

☐ 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
Michael D. Waidila

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

227 Gary Avenue

Suite, Apt. #, Etc.

City

Oak Hill

State

FL

Zip Code

32759

☐ 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

Michael D. Waidila
REGISTERED AGENT MUST SIGN

Date 06/10/2009

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	Michael D. Waidila	227 Gary Avenue	Oak Hill, FL 32759
MGRM	Carlton E. Myers	2937 S. Atlantis Avenue #1508	Daytona Beach Shores, FL 32118

REINSTATEMENT

07-09
AL

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

Michael D. Waidila

Date 06/10/2009

Daytime Phone# 386-547-0498

Typed or printed name of signing Managing Member/Manager Michael D. Waidila