2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000029337			FILED
1. Entity Name BENT CHARTERS LLC			673)
DEIVI OIDANIENO CEO		No.	2009 SED
		Vient I	2009 SEP -9 PM 1: 38
Principal Place of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA
214 BOARDWALK PLACE EAST	214 BOARDWALK PLACE	EAST	IALLAHASSEE STATE
SUITE 3	SUITE 3	700 UC	SCE. FLORIDA
MADEIRA BEACH, FL 33708 US	MADEIRA BEACH, FL 33	708 US	a izenien en esiki izen eziki esiki eski eski eski ilele izioa ikoa iki ibelek ki ibel
2. Principal Place of Business - No P.O. Box #	3. Mailing Address i	-1 (
12020 Str Cf &	12020 5th	<u>St 2</u>	(Impries an anim trans arm orm pain pain and india (may him (ease) in fami
Suite, Apt. #, etc.	Suite, Apt. #, etc.		07272009 REIN-LLC CR2E101 (1/07)
City & State	Lity & State		4. FEI Number Applied For
Treaser Islam Fl	10160011 10/4	-N Fl	20-8657848 Not Applicable
Zip Country	Zip .	Country	5. Certificate of Status Desired 5.00 Additional
35706 V)	33706	<u> </u>	Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent			
BROOKS, W. LANCE for our Col. Name William Lance Stocks			
214 BOARDWALK PLACE EAST Street Address (P.O. Box Number is Not Acceptable)			
SUITE 3			
MADEIRA BEACH, FL 33708 77-235-9599 12020 5th St E			
CIVILLE NE TOLON FL ZID 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.			2/78/0
SIGNATURE Signature, typed or printed name of registered ejent		Paristanul Araut almastus	T C D D T
September 1990 or protect realist or register to see in	The day of property of the state of the stat	Nagina de Agont depleta	
In accordance with s. 607.193(2)(b), F.S., the limited			
FILE NOWIII FEE IS \$277.50 liability company did not receive the prior notice.			
9. MANAGING MEMBE	DC /MANIACEDC	10.	ADDITIONS/CHANGES
TITLE MGRM	Delete		Brook (W. Lanck Grange Addition
·—		NAME	3 42,57 6
STREET ADDRESS 214 BOARDWALK PLACE EAST, SUITE 3		STREET ADDRESS	Francis Island Fl 33706
CITY-ST-ZIP MADEIRA BEACH, FL 33708		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS		STREET ADDRESS	100159190031 08/03/0301005019 **138.75
CITY-ST-ZIP		CITY-ST-ZIP	00/03/03 01003 013 **130.13
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	·	NAME	100159190031
STREET ADDRESS		STREET ADDRESS	09/10/0901040020 **138.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME CARREST ADDRESS		NAME (1118TATEMENT 08-09
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 1	HO WAS AN TON THE PROPERTY OF
TITLE	☐ Defete	TITLE	☐ Change ☐ Addition
NAME		NAME	C. Colonial C. C. Colonial C.
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP			
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 eath; that I am a managing member or manager of the			
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.			
1			
SIGNATURE:			
BIGHATURE AND TYPED OR PRINTED HAME OF BIGHING HANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destina Phone #			