


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L07000029337 | |  |
| 1. Entity Name BENT CHARTERS LLC | | |

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| Principal Place of Business 214 BOARDWALK PLACE EAST SUITE 3 MADEIRA BEACH, FL 33708 US | Mailing Address 214 BOARDWALK PLACE EAST SUITE 3 MADEIRA BEACH, FL 33708 US |
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| 2. Principal Place of Business - No P.O. Box # 12020 5th St E Suite, Apt. #, etc. | 3. Mailing Address 12020 5th St E Suite, Apt. #, etc. |
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| City & State Treasure Island FL | City & State Treasure Island FL |
| Zip 33706 | Country US |

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| 6. Name and Address of Current Registered Agent BROOKS, W. LANCE 214 BOARDWALK PLACE EAST SUITE 3 MADEIRA BEACH, FL 33708 <i>Florida Department of State</i> <i>727-235-9589</i> | | 7. Name and Address of New Registered Agent Name: William Lance Brooks Street Address (P.O. Box Number is Not Acceptable) 12020 5th St E City: Treasure Island FL Zip Code: 33706 | |
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE: 7/28/09

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| FILE NOW!!! FEE IS \$277.50 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BROOKS, W. LANCE 214 BOARDWALK PLACE EAST, SUITE 3 MADEIRA BEACH, FL 33708 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Brooks, W. Lance 12020 5th St E Treasure Island FL 33706 <input checked="" 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 | 100159190031 08/03/09--01005--019 **138.75 <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 | 100159190031 09/10/09--01040--020 **138.75 <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 | REINSTATEMENT 08-09 <i>AL</i> <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: *[Signature]* DATE: 7/28/09 DAYTIME PHONE #

FILED

2009 SEP -9 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07272009 REIN-LLC CR2E101 (1/07)

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| 4. FEI Number 20-8657048 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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