

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000112197

1. Limited Liability Company's Name

Southern Comfort Charters LLC

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

1209 Truman Ave

Suite, Apt. #, etc.

#5

City & State

Key West, FL

Zip

33040

Country

US

3. Mailing Office Address

1209 Truman Ave

Suite, Apt. #, etc.

#5

City & State

Key West, FL

Zip

33040

Country

US

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified
To Do Business in Florida

11/01/2007

6. FEI Number

37 1554881

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

Eric Allen

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

1209 Truman Ave #5

Suite, Apt. #, Etc.

APT #5

City

Key West

State

FL

Zip Code

33040

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Eric Allen

REGISTERED AGENT MUST SIGN

Date

9/2/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
mg:m	Eric Allen	1209 Truman Ave #5	Key West, FL 33040
mg:m	Russell Kuda	1209 Truman Ave #5	Key West, FL 33040

REINSTATEMENT

NOV 04 2014

R. HUNT

11. E-mail Address:

fishkeywest@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Eric Allen

Date

9/2/14

Daytime Phone # (305) 304-3992

Typed or printed name of signing Authorized Representative/Manager

Eric Allen