

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L090000123234

1. Limited Liability Company's Name

Conway Charters LLC

FILED

14 APR 18 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

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

5233 Seagull Ct

Suite, Apt. #, etc.

3. Mailing Office Address

5233 Seagull Ct

Suite, Apt. #, etc.

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Country

USA

Zip

33904

Country

USA

6. FEI Number

27-7711420

☐ 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

John C. Conway III

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

5233 Seagull Ct

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

900257962299

04/18/14--01034--003 **138.75

900257962299

03/18/14--01013--003 **238.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3-4-14

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 |
|--------|--|---|----------------------------|
| | <u>John Conway MGRM</u> | <u>5233 Seagull Ct</u> | <u>Cape Coral FL 33904</u> |
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11. E-mail Address: John @ Conway charters. 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

[Signature]

Date

3-4-14

Daytime Phone #

239-410-0067

Typed or printed name of signing Authorized Representative/Manager

John C. Conway III

K. ASHTON