

L12000109428

REINSTATEMENT

Secretary of State
DIVISION OF CORPORATIONS

700304540307
10/13/17--01005--010 **541.25

DOCUMENT # L12000109428

1. Limited Liability Company's Name
Florida Charters II, LLC

2. Principal Office Address - No P.O. Box # 2550 S BAYSHORE DR		3. Mailing Office Address 10655 NE 4th Street	
Suite, Apt. #, etc. STE 11		Suite, Apt. #, etc. STE 700	
City & State MIAMI, FL		City & State Bellevue, WA	
Zip 33133	Country US	Zip 98004	Country US

8. Name and Address of Current Registered Agent

Name
PERRY & NEBLETT, P.A.

Street Address (P.O. Box Number is Not Acceptable) Suite.
2550 S BAYSHORE DR

Apt. #, Etc.
STE 11

City
Miami

State
FL

Zip Code
33133

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
08/24/2012

6. FEI Number
99-0380022

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

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
Damaysi Vazquez, Special Secretary

[Signature]

Date
10/12/2017

REGISTERED AGENT MUST SIGN

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
MGR	LALJI, FIROZ	2550 S BAYSHORE DR - STE 11	MIAMI, FL 33133

11. E-mail Address: govdocs@corpcreations.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date
10/12/2017

Daytime Phone #
561-694-8107

Typed or printed name of signing authorized representative/member

Damaysi Vazquez, Attorney-in-Fact

SUNSHINE CORPORATE FILING OF FLORIDA INC.

*3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724*

DATE 10-13-17
****WALK IN****

ENTITY NAME FLORIDA CHARTERS II, LLC

DOCUMENT NUMBER L12000109428

****PLEASE FILE THE ATTACHED AND RETURN****

XX

Plain Copy

Reinstatement

Certified Copy

Certificate of Status

17 OCT 13 AM 11:18

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL \$ OWED 516.25
CHECK # 4135

Please call Tina at the above number for any issues or concerns. Thank you so much!