

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 196000001114

1. Limited Liability Company's Name

Charles H. Worth LLC
4001 Shoal Line Blvd.
Hernando Bch, Fla 34607

2. Principal Office Address

4001 Shoal Line Blvd.

3. Mailing Office Address

SAME AS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ABOVE

City & State

Hernando Bch, Fla

City & State

Zip

34607

Country

Hernando

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

1996

6. FEI Number

51-3405355

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

COEBIE LYNN WORTH

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

4001 SHOAL LINE BLVD

Suite, Apt. #, Etc.

City

HERNANDO BEACH FLA

State

FL

Zip Code

34607

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Charles Lynn Worth

REGISTERED AGENT MUST SIGN

Date

2/26/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Charles Worth	4001 Shoal Line Blvd	Hernando Bch, Fla 34607
MGR	Coebie Lynn Worth	4001 Shoal Line Blvd.	Hernando Bch, Fla 34607
MGR	Andrea June Glace	201 E. Watson Ave.	Langhorne, PA 19047-1605

REINSTATEMENT 98-00
SL

11. I certify that I am managing member/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 608.406, 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.

Signature of
Managing Member/Manager

Charles Worth

Date

2-27-00

Daytime Phone

(352) 597-7742

Typed or printed name of signing Managing Member/Manager

Charles Worth