PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 16 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 96000001114

1. Limited Liability Company's Name

Charles Worth, LLC

000025760150
12/26/03--01003--028 **155.00

2. Principal Office Address	**3.** Mailing Office Address
4001 Shoal Line Blvd.	4001 Shoal Line Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hernando Beach, FL.	City & State: Hernando Beach, FL.
Zip: 34607 / Country	Zip: 34607 / Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: Oct., 1996

6. FEI Number: 59-3405355 ☐ 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: Worth, Corbie Lynn

Street Address (P.O. Box Number is Not Acceptable): 4001 Shoal Line Blvd.

000027574456
01/22/04--01005--005 **15[illegible].00

Suite, Apt. #, Etc.

City: Hernando Beach | 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: Corbie L Worth Date: 12/16/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Worth, Charles Shane	12359 Fuller St.	Spring Hill, FL.34608
MGRM	Worth, Corbie Lynn	4001 Shoal Line Blvd.	Hernando Beach, FL. 34607
MGRM	Glace, Andrea June	201 E. Watson Ave.	Langhorne, PA. 19047

REINSTATEMENT 01-04

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 608.466, 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: Corbie L Worth Date: 12/16/03 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Corbie Lynn Worth

CR2E041 (10/02)