PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L98000001487

LIMITED LIABILITY COMPANY REINSTATEMENT — FLORIDA DEPARTMENT OF STATE — Katherine Harris, Secretary of State — Division of Corporations

DOCUMENT # L98000001487

1. Limited Liability Company's Name

NESUEDES CHARTERS, L.C.

2. Principal Office Address
500 SE Mizner Blvd
Suite, Apt. #, etc.
City & State
Boca Raton, FL
Zip 33432 Country US

3. Mailing Office Address
c/o Stuart Haft,Esq.
Suite, Apt. #, etc.
P.O. Box 431
City & State
Palm Beach FL
Zip 33480 Country US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 08/18/98

6. FEI Number: 59-3530176 ☐ 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
Robb Maass
Street Address (P.O. Box Number is Not Acceptable)
321 Royal Poinciana Plaza
Suite, Apt. #, Etc.
City
Palm Beach
State FL Zip Code 33480

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 [signature] Date 6/30/00

REGISTERED AGENT MUST SIGN

CR2E047 (9-98)

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 | Edward G. Weiner | 500 SE Mizner Blvd | Boca Raton,FL 33432 |

6-29-00

11. I certify that I am managing each 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 [signature] Date 6/29/2000 Daytime Phone # 561-317-2656

Typed or printed name of signing Managing Member/Manager Edward G. Weiner

# Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

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# LIMITED LIABILITY REINSTATEMENT

## NESUEDES CHARTERS, L.C.

| | |
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| Certificate of Status | 0 |
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 16, 2000

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NESUEDES CHARTERS, L.C.
600 GOLDEN HARBOR DRIVE
BOCA RATON, FL 33432

SUBJECT: NESUEDES CHARTERS, L.C.
REF: L98000001487

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must use a limited liability company reinstatement application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

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