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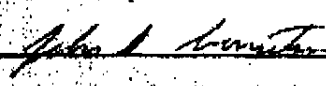
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L990000006212

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                                                                                                                                                        |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                             |
| <b>DOCUMENT # L99000006212</b><br>1. United Liability Company Name<br><p style="text-align: center;"><b>Crompton Charters, LLC</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                                                                                                                                                        |                             |
| 2. Principal Office Address<br><b>125 North Avenue</b><br>Suite, Apt. E, etc.<br><b>310</b><br>City & State<br><b>Palm Beach, FL</b><br>Zip<br><b>33480</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                  | 3. Mailing Office Address<br>Suite, Apt. E, etc.<br>City & State<br>Zip                                                                                                |                             |
| 4. State/Country of Formation<br><b>Florida, USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | 5. Date Organized or Chartered To Do Business in Florida<br><b>9/28/1999</b>                                                                                           |                             |
| 6. FEI Number<br><b>63-0950294</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                 |                             |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                                                                                                                                                        |                             |
| 8. Name and Address of Current Registered Agent<br>Name<br><b>Gay Rabideau</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>125 North Avenue, Suite 310, 50 Cordant Row, Suite 220</b><br>Suite, Apt. E, etc.<br>City<br><b>Palm Beach</b>                                                                                                                                                                                                                                                                                                              |                                  |                                                                                                                                                                        |                             |
| State<br><b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  | Zip Code<br><b>33480</b>                                                                                                                                               |                             |
| 9. I, being appointed the registered agent for the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.<br>Signature of Registered Agent  Date <b>01/21/2008</b><br>REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                        |                             |
| 10. Names and Street Addresses of Managing Member/Managers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                                                                                                                                        |                             |
| TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of Managing Member/Managers | Street Address of Each Managing Member/Manager                                                                                                                         | City / State / Zip          |
| MGR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>John Crompton</b>             | <b>125 North Avenue, Suite 310</b>                                                                                                                                     | <b>Palm Beach, FL 33480</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                                                                                                                                                        |                             |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                                                                                                                                                        |                             |
| 11. I certify that I am managing member/manager of the company 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 filing fee has been submitted, the limited liability company name satisfies the requirements of section 605.606, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | Date <b>Jan 22, 2008</b> Daytime Phone # <b>561-276-3023</b>                                                                                                           |                             |
| Typed or printed name of signing Managing Member/Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                                                                                                                                                        |                             |

1003

2013



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 3, 2004

CROMPTON CHARTERS, LLC  
125 WORTH AVENUE, SUITE 310  
PALM BEACH, FL 33480

SUBJECT: CROMPTON CHARTERS, LLC  
REF: L99000006212

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.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6025.

Trevor Brumbley  
Document Specialist

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Letter Number: 804A00007049

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From:  
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (305) 672-0686  
Fax Number : (305) 672-9110

**LIMITED LIABILITY REINSTATEMENT**

**CROMPTON CHARTERS, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
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