

L9900009026

Florida Department of State
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LIMITED LIABILITY REINSTATEMENT
CHARTER DEVELOPMENT SERVICES INTERNATIONAL, L.L.C.

Certificate of Status	1
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STATE OF FLORIDA
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 33

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000009026			
1. Limited Liability Company's Name CHARTER DEVELOPMENT SERVICES INTERNATIONAL, L.L.C.			
REINSTATEMENT 2003-2004			
2. Principal Office Address 5301 CYPRESS STREET		3. Mailing Office Address 5301 CYPRESS STREET	
State, Apt. #, etc. SUITE 111		State, Apt. #, etc. SUITE 111	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA	
Zip 33607	County US	Zip 33607	County US
4. State/Country of Formation HILLSBOROUGH		5. Date Organized or Qualified To Do Business in Florida 12/16/99	
6. FEI Number 593618854		Applied For <input type="checkbox"/> Not Applicable	
7. <input checked="" type="checkbox"/> CERTIFICATE OF STATUS OBTAINED			

8. Name and Address of Current Registered Agent	
Name NEIL TREITMAN	
Street Address (P.O. Box Number is Not Acceptable) 5301 CYPRESS STREET	
State, Apt. #, etc. SUITE 111	
City TAMPA	State FL
	Zip Code 33607

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 600, F.S.

Signature of Registered Agent: *[Signature]* Date: **7/12/04**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	NEIL TREITMAN	5301 CYPRESS STREET, SUITE 111	TAMPA, FLORIDA 33607

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 600, F.S. I further certify that when filing this reinstatement application the system for determining tax year utilization, the limited liability company meets the requirements of section 602.408, 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: **7/12/04** Daytime Phone #: **813-503-8950**

Typed or printed name of signing Managing Member/Manager: **NEIL TREITMAN**

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