

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 FEB 25 PM 3:00

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000104

1. Limited Liability Company's Name

CHARLOTTE HARBOR LIMITED LIABILITY COMPANY

2. Principal Office Address

1040 W. 10th ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1040 W. 10th ST.

Suite, Apt. #, etc.

City & State

BOCA GRANDE, FL.

City & State

BOCA GRANDE, FL.

Zip 33921

Country U.S.A.

Zip 33921

Country U.S.A.

4. State/Country of Formation

NEVADA, U.S.A.

**5. Date Organized or Qualified
To Do Business in Florida** 1-9-2002

6. FEI Number

☒ 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

WILLIAM H. REGNERY II

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

1040 W. 10th ST.

Suite, Apt. #, Etc.

City

BOCA GRANDE,

State
FL

Zip Code

33921

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**

William H. Regnery

Date 2/23/04

REGISTERED AGENT MUST SIGN

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
MGRM	WILLIAM H. REGNERY TRUSTEE OF TRUST "B"	1040 W. 10th STREET	BOCA GRANDE, FL 33921
	UNDER WILL OF WILLIAM F. REGNERY, DECEASED		

REINSTATEMENT 2003-04

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 608.406, 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**

William H. Regnery

Date 2/23/04

Daytime Phone # 941-964-0088

Typed or printed name of signing Managing Member/Manager

WILLIAM H. REGNERY, TRUSTEE

CR2041 (10/02)