

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 NOV -9 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000046074

1. Entity Name
CHARLESTON PARTNERS, INC.



Principal Place of Business
13680 NW 5TH STREET
SUITE 100
SUNRISE, FL 33325

Mailing Address
13680 NW 5TH STREET
SUITE 100
SUNRISE, FL 33325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11032006

REIN-P

CR2E098 (11/05)

4. FEI Number
65-0837507

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
350 E. LAS OLAS BOULEVARD
16TH FLOOR
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation FL Zip Code
33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jeffrey D. Butterfield
Signature typed or printed name of registered agent and title if applicable

Jeffrey D. Butterfield
Assistant Secretary

(NOTE: Registered Agent signature required when reinstating)

11/9/06
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPC
NATKOW, NEIL A ☒ Delete
STREET ADDRESS
13680 NW 5TH STREET, SUITE 100
CITY-ST-ZIP
SUNRISE, FL 33325

TITLE
NAME
DVPS
COLLINS, KEITH ☐ Delete
STREET ADDRESS
13680 NW 5TH STREET, SUITE 100
CITY-ST-ZIP
SUNRISE, FL 33325

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400081823504
11/15/06--01052--009 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 06 REC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Keith Collins (Keith Collins)*

11/06/06

954-294-4074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #