

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P01000058754**

1. Corporation Name
AT RANDOM CHARTERS, INC.

Principal Place of Business 122 S PALM PORT ST JOE FL 32456	Mailing Address P.O. BOX 22 PORT ST JOE FL 32457
---	--

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/11/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3723528	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	JONES, RANDALL E	P.O. BOX 22	PORT ST JOE FL 32457
DVST	JONES, TERILYN D	P.O. BOX 22	PORT ST JOE FL 32457

800008565108
10/24/02--01037--010 *\$150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COSTIN, CHARLES A 413 WILLIAMS AVE PORT ST JOE FL 32456		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: **SIGNATURE REQUIRED** Date: **10/22/02**
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: **SIGNATURE REQUIRED** **Randall E Jones** Date: **10/22/02** Daytime Phone #: **850 229-9139**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE040 (8/02)

9/10/25/02

October 22, 2002

Florida Department of State

Re: At Random Charters, Inc.

To whom it may concern:

This corporation did not receive any UBR notices as it became a valid corporation on June 11, 2001. A copy of the Certificate is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Terilyn D. Jones". The signature is written in dark ink and is positioned above the printed name and title.

Terilyn D. Jones
Vice President

Enclosure

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of AT RANDOM CHARTERS, INC., a Florida corporation, filed on June 11, 2001, as shown by the records of this office.

The document number of this corporation is P01000058754.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Thirteenth day of June, 2001



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State