

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000071914

1. Corporation Name

Z-BOAT CHARTERS, INC.

Principal Place of Business

1717 N BAYSHORE DRIVE STE 3046  
MIAMI FL 33132

Mailing Address

1717 N BAYSHORE DRIVE STE 3046  
MIAMI FL 33132

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

Suite, Apt. #, etc.

3145

Suite, Apt. #, etc.

3145

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

02-0629922

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ZANK, BRIAN A	6460 E DEERFIELD DR	CORAL CITY IL 60416
			COAL
			700025332667 12/09/03--01006--010 **150.00

8. Name and Address of Current Registered Agent

ZANK, BRIAN A  
1717 N BAYSHORE DRIVE STE 3046  
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Brian A. Zank*  
REGISTERED AGENT MUST SIGN

Date 12/2/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/03

Date

509-377-4107

Daytime Phone #

CR2E040 (7/03)

Florida Department of State

December 3, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam,

I recently received a notice from the state of Florida that dissolved my corporation's authority to transact business in the state of Florida for failure to file its 2003 corporation annual report/uniform business report form.

I had established the business in 2002 through the aid of a lawyer. Unfortunately, he did not make me aware of the annual filing requirements.

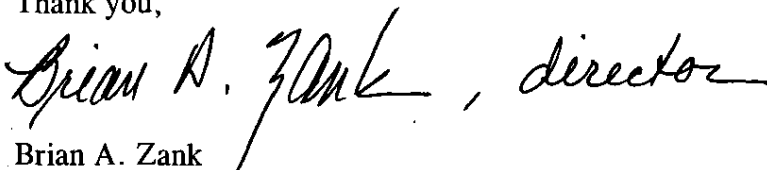
The notice that I received late in November 2003 was the first notice that I did receive. I changed apartment numbers but have received all other forwarded mail, including this final notice from the state of Florida. I did not receive the two prior notices that the final notice mentioned. I did notify the Department of Revenue of the apartment change.

Please find enclosed the completed reinstatement form and a check for \$150.00.

I am the sole proprietor of the corporation.

Your consideration in this matter is greatly appreciated.

Thank you,

 , director

Brian A. Zank  
Z-Boat Charters

1717 N. Bayshore Drive, Ste 3145  
Miami, FL 33132

Certificate Number: 23-08-540959-28-9

Re: Document # P02000071949