

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -6 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000028466

1. Corporation Name

REDBONE SPORT FISHING CHARTERS, INC.

Principal Place of Business

#5 DAVIS LN
ISLAMORADA FL 33036

Mailing Address

#5 DAVIS LN
ISLAMORADA FL 33036

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



800008828478
11/06/02--01056--012 **158.75

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/28/1997

5. FEI Number

65-0831716

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	ELLIS, GARY	5 DAVIS LN	ISLAMORADA FL 33036
STR	ELLIS, SUSAN	5 DAVIS LN	ISLAMORADA FL 33036

8. Name and Address of Current Registered Agent

ELLIS, GARY J
#5 DAVIS LN
ISLAMORADA FL 33036

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 _____

CR2E040 (8/02)

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 11/1/02
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 Date 11/1/02 Daytime Phone # 305 664-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



The Ultimate Fly & Light Tackle Saltwater Flats Fishing

Nov. 1, 2002

Florida Department Of State
Division of Corporations
PO box 6327
Tallahassee, FL 32314

Re: Redbone Sport Fishing Charters, Inc.

Dear Sir or Madam:

Enclosed please find application and filing fee for Reinstatement for the above named corporation. Prior UBR notices were not received.

Sincerely,

Susan Ellis
Secretary/Treasurer
Redbone Sportfising Charters

