

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 OCT 27 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 636579

1. Corporation Name

CHARTER BOAT, INC.

Principal Place of Business

Mailing Address

~~1070 OCEAN ST.~~
~~MIAMI PORT 32202~~

~~1070 OCEAN ST.~~
~~MIAMI PORT 32202~~

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

2. New Principal Office Address, If Applicable

350 Seminole Road

3. New Mailing Office Address, If Applicable

350 Seminole Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlantic Beach

City & State

Atlantic Beach

Zip

32233

Country

Duval

Zip

32233

Country

Duval

4. Date Incorporated or Qualified To Do Business in Florida

09/18/1979

5. FEI Number

59-1932668

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VP	STRATE, GEORGE, JOHN JR.	350 SEMINOLE RD.	ATLANTIC BCH, FL 32233
PD	PACK, GERALD L.	2022 CHEROKEE DRIVE	NEPTUNE BCH, FL
PD	PACK, REBECCA L.	2022 CHEROKEE DRIVE	NEPTUNE BCH, FL
P/D	STRATE, George, JOHN JR.	350 Seminole Rd.	Atlantic Beach, FL 32233
VP/S/T	STRATE, Kimberly B.	350 Seminole Rd	Atlantic Beach, FL 32233
			200002333202-4 -10/29/97-01123-005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Strate, George J.

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

350 Seminole Road

Suite, Apt. #, Etc.

City

Atlantic Beach

State

FL

Zip Code

32233

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.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

Oct 27th 1997

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 27 1997

Date

904 247

Daytime Phone #

1637

CR2E040 (8/97)