

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 16 AM 8:58

DOCUMENT # 636579

1. Corporation Name

CHARTER BOAT, INC.

2. Principal Office Address

350 SEMINOLE ROAD

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH

Zip

32233

Country

DUVAL

3. Mailing Office Address

350 SEMINOLE ROAD

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH

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

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

GEORGE J. STRATE

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

350 SEMINOLE ROAD

Suite, Apt. #, Etc.

City

ATLANTIC BEACH

State

FL

Zip Code

32233

900004035219-8
-04/20/01-01057-027
***900.00 ***900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/13/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	STRATE, GEORGE J.	350 SEMINOLE ROAD	ATLANTIC BEACH, FL. 32233
VST	STRATE, KIMBERLY B.	350 SEMINOLE ROAD	ATLANTIC BEACH, FL. 32233

10. 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

KIMBERLY B. STRATE

Date

3/21/01 0242171637

Daytime Phone #

CR2E081 (9/00)