

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F06000003146	
1. Entity Name D & E CHARTERS LTD., CORP.	



FILED

08 JAN -8 PM 2:28

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

Principal Place of Business TRUST CO. COMPLEX, AJELTAKE ROAD AJELTAKE ISLAND MAJURO, MI 96960	Mailing Address C/O DANIEL DAGESSE 2367 S OCEAN BLVD HIGHLAND BEACH, FL 33487
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1199 Spanish River Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boca Raton FL	City & State Boca Raton FL
Zip 33432	Country USA

09272008
REINSTATEMENT
07-08

4. FEI Number 20-4717602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAFT, STUART J ESQ 340 ROYAL POINCIANA PLAZA SUITE 321 PALM BEACH, FL 33480	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 1/3/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAGESSE, DANIEL 2367 S OCAEN BLVD HIGHLAND BEACH, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1199 Spanish River Road Boca Raton FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DAGESSE, ELAINE 2367 S OCAEN BLVD HIGHLAND BEACH, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1199 Spanish River Road Boca Raton FL 33432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 1/2/08 361-916-7294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR