

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT -4 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000008281520--0
-10/09/02--01026--007
***2100.00 ***2100.00

DOCUMENT # G99380

1. Corporation Name

Marvana Charters, Inc.

2. Principal Office Address

14411 South Dixie Highway

3. Mailing Office Address

14411 South Dixie Highway

Suite, Apt. #, etc.

Suite 215

Suite, Apt. #, etc.

Suite 215

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33176

Country

USA

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1984

5. FEI Number

59-2380178

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 93-02

7. Name and Address of Current Registered Agent

Name

Matt D. Goldman, Esquire

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

1450 Madruga Avenue

Suite, Apt. #, Etc.

Suite 203

City

Coral Gables

State
FL

Zip Code

33146

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

Matt D. Goldman

Date 9/30/02

REGISTERED AGENT MUST SIGN

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
P/D	Jack Jamme	14411 South Dixie Highway Suite 215	Miami, Florida 33176
VP/D	Joan Jamme	14411 South Dixie Highway Suite 215	Miami, Florida 33176

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

10/1/02. (305) 234-9197
Date Daytime Phone #

CR2E081 (9/01)

7/10/02