PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

SELRETARY OF STATE OF CORPORATION.

01 JUL -5 AM 8:39



DOCUMENT #

1. Corporation Name

DUCHESS CHARTERS, INC.

Principal Place of Business

Mailing Address

SE CHARLES PAPROCRI 116 LAIRD CIR PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
clo M	ncipal Office Address, If Applicable	Clo M. HABILL	HAGLUND		4. Date Incorporated or Qualified To Do Business in Florida 03/03/1987		
Suite, Apt. 1	#, etc. R122110 RD.	Suite, Apt. #, etc	, etc			Applied For	
City & State		City & State	10000		59-2786204 Not Applicable		
	na-City FL	PANAMA CITY-					
Sa4	04 Country U.S	32404	Country	CERTIFICATI		.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)							
Title(s)	Name of Officers and/or Directors 2	3	Street Address of Each Officer and/or Director		City / State / Zip		
	PAPROCKI, CHARLES	116-LAIF	116 LAIRD GIRCLE		PANAMA CITY BCH FL		
DP DP	HAGLUND, MICHAEL		8926 RIZZUTO RD		PANAMA CITY FL		
न्ध	PAPROCKI, JOAN M		116 LAIRD CIRCLE.		-PANAMA CITY BCH: FL		
			1 (approximate American policy)	60	0004462 -07/06/01-0 ****300.00	06687 01041018 *****300.00	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Muls		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
HAGLUND, MICHAEL Street Address /				P.O. Box Number is Not Acceptable) 680			
8926 RIZZUTO RD				P.O. Box Number	is Not Acceptable)	9	
PANAMA CITY BEACH FL 32404 Suite, Apt. #,				c. B			
City				State Zip Code			
Signature of Registered	Agent RE	GISTERED AGENT MUST	QUIRED		Date	401	
11. I certify	that I am an officer or director or the recei	ver or trustee empowered to olution has been eliminated	execute this application as p the corporate name satisfies	provided for in cha the requirements	apter 607 or 617, F.S. I furthe s of section 607,0401 or 617 (er certify that when filing 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 607.0401 or 617.0401, F.S., that all fees on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



DUCHESS CHARTERS, INC.

Mike "Stretch" Haglund P.O. Box 16171 Panama City, FL 32406 (850) 236-0063

June 22, 2001

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Application of Reinstatement, Document Number: J60678

Dear Ma'am/Sir:

Our corporation changed hands in April of 1999. Attached you will find a copy of the Profit Corporation of Annual Report for 1999, which was timely filed. Please note that a change of address was made on the report when filed. We didn't receive the Annual Report for 2000. The Notice of Dissolution was recently mailed to us from the previous owners.

Please consider allowing us to reinstate our corporation without penalty. Enclosed please find a check for \$300.00. After speaking with a representative of your office it was determined this amount is the fee required to reinstate our corporation without a penalty. If you find that a penalty is deemed appropriate please notify us to submit the proper amount.

Thank you for your time and consideration in this matter.

Sincerely,

Muhad Haghurd Michael Haglund