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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

05 MAY 13 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K36517

1. Corporation Name

Crown Charters Inc.

W05-23639

600055328376  
05/25/05--01038--009 \*\*458.75

REINSTATEMENT 03-05

2. Principal Office Address P.O. Box 4207 Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 4207 Suite, Apt. #, etc.	
City & State Key West FL		City & State Key West FL	
Zip 33041	Country USA	Zip 33041	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/05/1988	
5. FEI Number 139 28 1816	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Allen King	
Street Address (P.O. Box Number is Not Acceptable) 951 Caroline Street	
Suite, Apt. #, Etc.	
City Key West	State FL
	Zip Code 33041

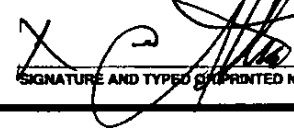
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 04/18/05

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
PVSD	Allen King	PO Box 4207	Key West, FL 33041

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:  04/18/05 305 296 0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRS E081 (01/05)