

2000

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L35122

1. Corporation Name

Flagship Charters, Inc.

Principal Place of Business

Mailing Address

1556 Cypress Drive
Jupiter, Florida 334691556 Cypress Drive
Jupiter, Florida 33469

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2427 SE DIXIE HWY

3. New Mailing Office Address, If Applicable

2427 SE DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

Zip

34996

Country

MARTIN

Zip

34996

Country

MARTIN

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/89

5. FEI Number

65-0163305

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	Thomas C. Martland	4902 SCHOONER OAKS WAY	STUART, FL 34997
			600003434056--6
			-10/20/00-01097-013
			***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMAS C. MARTLAND
4902 SCHOONER OAKS WAY
STUART, FL 34996

Name

THOMAS C. MARTLAND

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

4902 SCHOONER OAKS WAY

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/12/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.Yes ☐No ☒(See other side for information
on intangible tax.)

12. 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

THOMAS C. MARTLAND

10/14/00

Date

581-283-1609

Daytime Phone #

CR2E081 (12/98)