

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 FEB 20 PM 3:15

DOCUMENT # L76411

1. Corporation Name

Particular People Charters, Inc.

2. Principal Office Address - No P.O. Box #

4620 Gail Blvd

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34104

Country

USA

3. Mailing Office Address

4620 Gail Blvd

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34104

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1990

5. FEI Number

650205242

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Faga Law Group, PA

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

7955 Airport Rd. North

Suite, Apt. #, Etc.

Suite 202

City

Naples

State

FL

Zip Code

34109

500269769805
02/20/15--01004--001 **750.00

500269769805
05/26/15--01005--017 **150.00

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

REGISTERED AGENT MUST SIGN

Date 12/23/2014

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
PD	Leonard G. Wassmer	4620 Gail Blvd.	Naples, FL 34104
S	Anita Wassmer	4620 Gail Blvd.	Naples, FL 34104
T	Primus Bruno	18 Buckingham	Manchester, CT

10. E-mail Address: sailing@sweetliberty.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/2014

Date

239-597-9999

Daytime Phone #