

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 30 PM 12:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M78441**

1. Corporation Name
D & D CHARTERS, INC.

Principal Place of Business	Mailing Address
% HOWARD M. LORBER 70 EAST SUNRISE HIGHWAY, SUITE 411 VALLEY STREAM NY 11581	% HOWARD M. LORBER 70 EAST SUNRISE HIGHWAY, SUITE 411 VALLEY STREAM NY 11581



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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/22/1988	
City & State		City & State		5. FEI Number	
Zip		Country		65-0048032	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LORBER, HOWARD M	8061 FISHER ISLAND DR.	FISHER ISLAND FL
ST	LORBER, THEA J	8061 FISHER ISLAND DR.	FISHER ISLAND FL

300002707429--4
 -12/09/98--01072--016
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
LORBER, HOWARD M. 8061 FISHER ISLAND DR. FISHER ISLAND FL 33109	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State Zip Code
		FL

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: [Signature] **REQUIRED** Date: 11/20/98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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] **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/20/98 Daytime Phone # _____

CR22040 (9/88)

2012

HALLMAN & LORBER ASSOCIATES, INC.
Employee Benefit Plan Consultants & Actuaries

70 EAST SUNRISE HIGHWAY
SUITE 411
VALLEY STREAM, N. Y. 11581-1263
(516) 872-1000 • (212) 627-5100
FAX (516) 872-1050

November 20, 1998

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Reinstatement Application D&D Charters

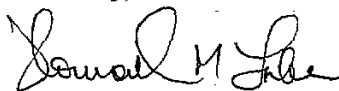
Dear Sirs:

Enclosed please find our check for \$150 payable to the Department of State, along with our signed application for reinstatement.

We never received the renewal notice for the annual report, and this is why this application and check are being sent in at this late date. I appreciate your assistance and cooperation in getting this application processed promptly.

Should you require anything further, please do not hesitate to contact me.

Sincerely,



Howard M. Lorber

HML:bmc
Enc.