

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004536

1. Corporation Name

FERNANDINA CRUISES, INC.

Principal Place of Business

500 S. FRONT ST.
FERNANDINA BEACH FL 32034

Mailing Address

1180 HWY. 17
LITTLE RIVER SC 29566

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/2000

5. FEI Number

59-3639344

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GRAY, SAMUEL	P.O. BOX 1110	FERNANDINA BEACH FL 32035
D	GRAY, MARILYN	P.O. BOX 1110	FERNANDINA BEACH FL 32035

200008759952
11/01/02--01073--005 **150.00

8. Name and Address of Current Registered Agent

JACOBS, ARTHUR I
401 CENTRE STREET, SECOND FLOOR
FERNANDINA BEACH FL 32034

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Arthur I. Jacobs
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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., 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:

Arthur I. Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02
Date

Daytime Phone #

CR2E040 (8/02)

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2002 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective October 4, 2002.

Corporation Name: FERNANDINA CRUISES, INC.

Document Number: P00000004536



Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
4th day of October, 2002.

A handwritten signature in cursive script that reads "Jim Smith".

Jim Smith
Secretary of State