

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**07 JAN -2 AM 11:59**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 000 000 26 653**

**1. Corporation Name**

**David M. Arndt Charter Boat Inc.**

**2. Principal Office Address**

**1320 Tidal Pointe Blvd.**

Suite, Apt. #, etc.

**Dock C-11**

City & State

**Jupiter, FL**

Zip

**33477**

Country

**USA**

**3. Mailing Office Address**

**Same as #2**

Suite, Apt. #, etc.

**11**

City & State

**J**

Zip

**11**

Country

**11**

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

**65-0610291**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**David M. Arndt**

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

**Same as above**

Suite, Apt. #, etc.

**1320 Tidal Pointe Blvd. Dock C-11**

City

**Jupiter, FL**

State

**FL**

Zip Code

**33477**

**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

**David M. Arndt**

Date

**9.20.06**

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
VP	<b>Amy G. Arndt</b>	<b>Same as above 1320 Tidal Pointe Blvd. Dock C-11</b>	<b>Jupiter, FL 33477</b>
President	<b>David M. Arndt</b>	<b>1320 Tidal Pointe Blvd. Dock C-11</b>	<b>Jupiter FL 33477</b>

**700091656427  
11/09/06--01029--007 \*\*450.00**

**K. Eckel JAN 03 2007**

**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 contained in Chapter 119, 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:**

**David M. Arndt Amy G. Arndt**

Date

**9.20.06**

Daytime Phone #

**772.708  
2777**

November 23, 2006

Division of Corp.  
Kristen Eckel  
PO Box 6327  
Tallahassee, FL 32314

Dear Ms. Eckel:

I want to take this opportunity to ask for re-instatement for David M. Arndt Charter Boat Inc. I have sent the amount of \$450.00 for each year we did not pay (i.e. 2004, 2005 and 2006). Unfortunately, I didn't get the postcards.

Thanks for your support.

If you should have any questions, please call (772) 708-2774.

Sincerely,



David M. Arndt, President of Charter Boat Inc.