PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLO	ORIDA DEPARTME Secretary of S DIVISION OF CORPO	State ,		OL MAY -7 PM	1 3: 54
DOCUMENT # POCCOCO 50/53 1. Corporation Name					TALLAHASSEE,	FLORIDA
RODEO F	154116	CHARTERS		Ta 5000 5 600	oo a comar a con asis	
<i>/</i> -				HEINS	TATEMENT	03-04
2. Principal Office Address 23 TORTOGA DR.		3. Mailing Office Address P.O. Box 2395		 ≘no	nn3454594	The state of the s
Suite, Apt. #, etc. 5017e 17-1		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida		
City & State CCY_LARGO FL		City & State Key LARGO FL		5. FEI Number Applied For Not Applied be		
33037 Country	A Sign) es _	htry D. S. <i>P</i> .	6. CERTIFICATE C	of STATUS DESIRED \$8.75%	dditional Regrequired Certificate of Status
		7. Name and Addres	s of Current Register	ed Agent	• • •	
Name						
8. I, being appointed the registered Signature of Registered Agent	agent of the above na	med corporation, am familiar	with and accept the ob	oligations of section		2004
9. Names and Street Addresses o	f Each Officer and/or D	irector (Florida nonprofit corp	porations must list at lea	ast 3 directors)		
Titles Officers		Street Address of Each Officer and/or Director		City / State /	Zip	
23 TORT	SEORGE CADR, 190 F.L 330	637	70£706#	DR.	Key LARGO	2 33037
					Miste	,
10. I certify that I am an officer or d this reinstatement application, t owed by the corporation have been this application is true and a SIGNATURE:	he reason for dissolutio een paid and the name ccurate, and my signati	n has been eliminated, the co es of individuals listed on this ure shall have the same legal	orporate name satisfies form do not qualify for a effect as if made unde	the requirements of an exemption under or oath.	f section 607.0401 or 617.0401	, F.S., that all fees nformation indicated