

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY -6 AM 9: 58

DOCUMENT # **P00000064706**

1. Corporation Name

Dog Island Charles Inc

2. Principal Office Address

3. Mailing Office Address

4704 Tory Sound Ln
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

Zip

Country

Zip

Country

32309

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-5-2000

5. FEI Number

59-3675542

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

WILLIAM W BRIDGENS III

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

4704 TORY SOUND LN
Suite, Apt. #, Etc.

300036199773

05/12/04--01048--025 **450.00

City

Tallahassee

State

FL

Zip Code

32309

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **5-6-04**

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
P	William W Bridgens III	4704 Tory Sound Ln	Tall FL 32309

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-04

Date

933-1149

Daytime Phone #

CF2E081 (01/04)

DOG ISLAND CHARTERS, INC

4704 Tony Sound Lane
Tallahassee FL 32309

Bill Croders, President

To Whom it May Concern,

I did not receive notification of my
Annual Report Request and consequently it
was not filed and Dog Island Charters Inc
was dissolved. I have come in personally
and paid all 3 years and would like to
be reinstated for the year 2002.

Thank you for your cooperation

Captain Bill Croders
USCG Master