APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065965

1. Corporation Name

ADVANTAGE FLORIDA BAHAMAS CHARTERS INC.

Principal Place of Business
~~8440 SW 165 TER~~
~~MIAMI, FL 33157~~

Mailing Address

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

2. New Principal Office Address, If Applicable
5055 S.W. 104 ST

Suite, Apt. #, etc

City & State
MIAMI FL

Zip 33156 Country USA

3. New Mailing Office Address, If Applicable
SAME AS 2

Suite, Apt. #, etc

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7/10/2000

5. FEI Number
65-1038220

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]
$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	JORGE A ORIA	5055 SW. 104 ST.	MIAMI, FL 33157

600030476976
03/15/04--01057--015 **908.75

REINSTATEMENT 03-04

8. Name and Address of Current Registered Agent

JORGE A ORIA
5055 SW 104 ST
MIAMI, FL 33157

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.

Signature of Registered Agent Jorge A Oria Date 2/27/04
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: Jorge A Oria 2/27/04 (305) 661-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #