


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000098300		
1. Entity Name CHEERIO CHARTERS, INC.		

Principal Place of Business 6630 MALONEY AVE., UNIT 5 KEY WEST, FL 33040	Mailing Address 6630 MALONEY AVE., UNIT 5 KEY WEST, FL 33040
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2. Principal Place of Business 30354 Palm Drive	3. Mailing Address 30354 Palm Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Big Pine Key, FL	City & State Big Pine Key, FL
Zip 33043	Zip 33043
Country	Country

FILED
05 MAR -2 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02162005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent LOGAN, RYON 6630 MALONEY AVE., UNIT 5 KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name Logan, Ryon Street Address (P.O. Box Number is Not Acceptable) 30354 Palm Drive City Big Pine Key FL Zip Code 33043	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ryon S. Logan (owner) DATE 2/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, RYON 6630 MALONEY AVE., UNIT 5 KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Logan, Ryon 30354 Palm Drive Big Pine Key, FL 33043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ryon S. Logan DATE 2/23/05 (305) 797-6446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR