

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 12:35

DOCUMENT # P00000117193

1. Corporation Name

T & J FISHING CHARTERS INC

Principal Place of Business

Mailing Address

5148 SUMMERHILL DR
ZEPHYRHILLS FL 33540

5148 SUMMERHILL DR
ZEPHYRHILLS FL 33540



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/18/2000	
City & State		City & State		5. FEI Number	
Zip		Country		59-3732881	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4. City / State / Zip
D	BUTLER, TROY	5148 SUMMERHILL DR	ZEPHYRHILLS FL 33540
			300004689903--2
			-11/20/01-01000-001
			****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BUTLER, TROY 5148 SUMMERHILL DR ZEPHYRHILLS FL 33540		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

REGISTERED AGENT MUST SIGN

Date 10-23-01

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TROY A. Butler 10-23-01

COSCIA AND CASSESE

666 Lake Villas Drive
Altamonte Springs, FL 32701

407-831-6316

October 23, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: T & J Fishing Charters Inc.
Document # P00000117193

Dear Sir/Madam,

Enclosed please find our application for reinstatement with a check for \$150.00. We never received the original form to file. Per a telephone conversation with one of your agents, we were instructed to file this form with the check for \$150.00 for reinstatement since we did not receive any other forms prior to this one.

Sincerely,



Renee M. Cassese
Accountant