PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 12 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P1000009558 P01000009558

REINSTATEMENT 02-04

1. Corporation Name
Lucky Day Fishing Charters, Inc.

14683 Pine Glen Circle
14683 Pine Glen Circle

2. Principal Office Address	3. Mailing Office Address
14683 Pine Glen Circle	14683 Pine Glen Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lutz, Florida	City & State: Lutz, Florida
Zip: 33549 Country: Hillsborough	Zip: 33549 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ ($5.00 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Warren S. Williams

Street Address (P.O. Box Number is Not Acceptable): 14683 Pine Glen Circle

Suite, Apt. #, Etc.

City: Lutz | State: FL | Zip Code: 33549

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: Warren S. Williams Date: July 9, 2004 7-9-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D, P	Williams, Warren S.	14683 Pine Glen Circle	Lutz, Florida 33549
D	Cole, John	1900 S Gulf Boulevard	Indian Rocks Beach, Florida 33785
T- Stephen K Beach		630 W. Brevard St	Tallahassee, Fla 32304

700039649327
07/28/04--01053--004 **1058.75

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: Stephen K Beach July 9, 2004 813-340-4472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #