

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 19 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000042237

1. Corporation Name

Lucky Star Charter, Inc.

804 Queen Road

~~804 Queen Road~~ ST. AUGUSTINE, FL 32086

2. Principal Office Address

804 Queen Road

3. Mailing Office Address

804 Queen Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32086

Country

USA

Zip

32086

Country

USA

700040322917

08/19/04--01030--001 **900.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified

To Do Business in Florida 04/25/2001

5. FEI Number

59-3717376

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

Roger C. Droukas

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

804 Queen Road

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

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

R. C. Droukas

REGISTERED AGENT MUST SIGN

Date

Aug 12 '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 |
|--------|--------------------------------------|---|-------------------------|
| PD | Roger C. Droukas | 804 Queen Road | St. Augustine, FL 32086 |
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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:

R. C. Droukas ROGER C. DROUKAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Aug 12, '04

Daytime Phone #

904-814-7717

CR2E081 (01/04)