

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:43

DOCUMENT # P01000057571

1. Corporation Name

SOUTH FLORIDA YACHT CHARTERS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

305 N POMPANO BEACH BLVD
POMPANO BEACH FL 33062

Mailing Address

305 N POMPANO BEACH BLVD
POMPANO BEACH FL 33062

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/2001

5. FEI Number

223810968

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	Lisa Ward 305 N Pompano Bch Blvd #1105 Pompano Bch, FL 33062		
Sec.	Arlene Ward 305 N Pompano Bch Blvd #1112 Pompano Bch, FL 33062		

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8. Name and Address of Current Registered Agent

WARD, LISA
305 N POMPANO BEACH BLVD #1105
POMPANO BEACH FL 33062

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/28/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02

**South Florida Yacht Charters Corporation
305 North Pompano Beach Blvd.
Suite 1105
Pompano Beach, Florida 33062**

Document # P01000057571
FEI # 22-381 0968

October 28, 2002

Greetings:

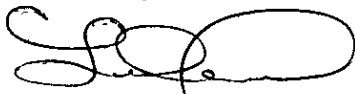
Enclosed please find our check made payable to your order in the amount of \$150.00 in payment of the Annual Report fee for the 2002 calendar year. Although we are now aware that the payment is bring made late, please accept same in full payment.

We respectfully request the abatement and cancellation of any late payment fee. The delinquent report in question was the first Annual Report required to be filed by us, our new corporation being incorporated in 2001. We never received the original report which we were advised by your department was mailed to us, nor were we aware that a report was required to be filed since we were in existence less than one (1) year.

Accordingly, based upon the reasonable cause stated above, we respectfully request that you abate any late payment fees or other administrative fees and reinstate the corporation to active status.

Thank you for your anticipated courtesies and cooperation in this matter

Sincerely,



Lisa Ward
President