

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 24 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **P01000058754**

1. Corporation Name

**AT RANDOM CHARTERS, INC.**

Principal Place of Business

122 S PALM  
PORT ST JOE FL 32456

Mailing Address

P.O.BOX 22  
PORT ST JOE FL 32457

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

06/11/2001

5. FEI Number

59-3723528

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
DP	JONES, RANDALL E	P.O.BOX 22	PORT ST JOE FL 32457
DVST	JONES, TERILYN D	P.O.BOX 22	PORT ST JOE FL 32457

800008565108  
10/24/02--01037--010 \*\$150.00

8. Name and Address of Current Registered Agent

COSTIN, CHARLES A  
413 WILLIAMS AVE  
PORT ST JOE FL 32456

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

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

10/22/02

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

Randall E Jones

Date

10/22/02 850 229-9139

91 10/25/02

CR2E040 (8/02)

October 22, 2002

Florida Department of State

Re: At Random Charters, Inc.

To whom it may concern:

This corporation did not receive any UBR notices as it became a valid corporation on June 11, 2001. A copy of the Certificate is enclosed.

Sincerely,

A handwritten signature in cursive script, reading "Terilyn D. Jones". The signature is written in dark ink and is positioned above the printed name and title.

Terilyn D. Jones  
Vice President

Enclosure

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of AT RANDOM CHARTERS, INC., a Florida corporation, filed on June 11, 2001, as shown by the records of this office.

The document number of this corporation is P01000058754.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Thirteenth day of June, 2001



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State