

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000060848

1. Corporation Name

Rude Awakening Charters, Inc.

2. Principal Office Address - No P.O. Box #
612 N Orange Ave

Suite, Apt. #, etc.
Suite A-14

City & State
Jupiter, Florida

Zip
33458

Country
USA

3. Mailing Office Address
612 N Orange Ave

Suite, Apt. #, etc.
Suite A-14

City & State
Jupiter, Florida

Zip
33458

Country
USA

FILED

07 OCT 23 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **6/19/01**

5. FEI Number
65-1114302

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Catherine Polselli

Street Address (P.O. Box Number is Not Acceptable)
612 N Orange Ave

Suite, Apt. #, Etc.
Suite A-14

City
Jupiter

State
FL

Zip Code
33458

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Catherine Polselli

REGISTERED AGENT MUST SIGN

Date **10/22/07**

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
P	Catherine Polselli	612 N Orange Ave, Suite A-14	Jupiter, FL 33458

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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 contained in Chapter 119, 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:

Catherine Polselli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/07

Date

561 346 5817

Daytime Phone #

Oct 23 2007