

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 NOV 18 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085222

1. Corporation Name

MEN II BE CHARTERS, INC.

Principal Place of Business

1274 SIESTA BAYSIDE DRIVE
SARASOTA FL 34242

Mailing Address

1274 SIESTA BAYSIDE DRIVE
SARASOTA FL 34242

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

2. New Principal Office Address, If Applicable

3924 Hami Hen Club Circle

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State
Sarasota FL

Zip
34242

Country

Sarasota

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/2001

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SCHULTZ, KENNETH E	1274 SIESTA BAYSIDE DRIVE 3924 Hami Hen Club Circle	SARASOTA FL 34242

000009052320
11/18/02--01083--011 **150.00

8. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.

3150 SANDY RIDGE DR.

CLEARWATER FL 33761

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth Schultz

Date

Daytime Phone #

Pres 10/30/02 941-266 6174

CR2E040 (8/02)

KENNETH E. SCHULTZ, MD

3924 Hamilton Club Circle

Sarasota, Florida 34242

(941) 346-5251 Office/Fax

(941) 312-0368 Home

(941) 266-6174 Cell

kschultz@bsanda.com

October 4, 2002

**Florida Dept. of State
Division of Corporations**

P.O. Box 6327

Tallahassee, FL 32314

RE: Application for Reinstatement

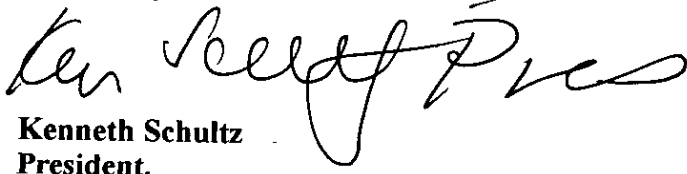
Dear Sir/Madam

I had not submitted our yearly corporate fee because we did not receive the notice. As you can see, the address has changed. We did inform the state of the address change of our business.

Enclosed is the \$150 filing fee and application for reinstatement.

Thank you.

Sincerely yours,


Kenneth Schultz
President.