


2005 FOR PROFIT CORPORATION REINSTATEMENT

1082

05 JUL 26 2011:19

DOCUMENT # P01000103643

1. Entity Name
CASINO CHARTERS, INC.



Principal Place of Business
2120 CORPORATE SQUARE BLVD.
SUITE 30
JACKSONVILLE, FL 32216

Mailing Address
POST OFFICE BOX 19888
JACKSONVILLE, FL 32245

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



REINSTATEMENT 04-05

4. FEI Number
01-0612111

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BOATRIGHT, WILLIAM G
2120 CORPORATE SQUARE BLVD. #13
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 07/20/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOATRIGHT, WILLIAM G 2120 CORPORATE SQ. BLVD. #30 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100057894811 07/26/05--01028--003 **\$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* DATE 07/20/05

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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BOATRIGHT PROPERTIES, INC

904-724-7300
FAX 904-724-1600

MEMO

DATE: JULY 20, 2005
TO: DIVISION OF CORP
FROM: WILLIAM G BOATRIGHT
RE: DOC #01000103643- CASINO CHARTERS

[REDACTED]

WE DID NOT RECEIVE THE ANNUAL RENEWAL NOTICE FOR THE ABOVE REFERENCED CORPORATION. ACCORDINGLY, WE ARE HEREBY REQUESTING THAT THE DELINQUENCY FEE BE WAIVED.

ENCLOSED, PURSUANT TO INSTRUCTIONS FROM YOUR OFFICE, PLEASE FIND CHECK # 11780 FOR THE REQUIRED AMOUNT TO REINSTATE THE ABOVE REFERENCED CORPORATION.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT 904-724-7300.

THANKS

