

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 15 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121334

1. Corporation Name

Kokomo Yacht Charters Inc.

2. Principal Office Address

13609 Emerald Cove Ct.

3. Mailing Office Address

13609 Emerald Cove Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32225

Country

Duval

Zip

32225

Country

Duval

4. Date incorporated or Qualified
To Do Business in Florida 12/26/2001

5. FEI Number
69-0003884

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ 3375 Additional Fee required
to file Certificate of Status

7. Name and Address of Current Registered Agent

Name
Elias Zouein

Street Address (P.O. Box Number is Not Acceptable)
13609 Emerald Cove Ct.

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32225

100030962281
03/24/04 01005 015 **900 00

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

Elias Zouein

Date 03/10/2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Elias Zouein	13609 Emerald Cove Ct.	Jacksonville, Florida 32225
D	Paul E. Hebert	11836 Little Creek Lane	Jacksonville, Florida 32223

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 under section 119.07(3)(d), 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:

Elias Zouein ELIAS ZOUEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/2004

Date

904-813-4190

Daytime Phone #

2052

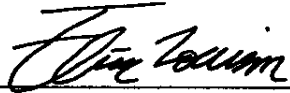
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT FOR ANY REASON WE DID NOT RECEIVE THE UNIFORM BUSINESS REPORT THE YEAR OF 2003, 2004. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,



ELIAS ZOUEN
PRESIDENT