

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000121093

1. Corporation Name

K + D FISHING CHARTERS, INC.

Principal Place of Business

4090 DANCING CLOUD CT
#249
DESTIN FL 32541

Mailing Address

4090 DANCING CLOUD CT
#249
DESTIN FL 32541

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

34 SOLAR ST

34 SOLAR ST.

Suite, Apt. #, etc.

MARY Esther, FL

Suite, Apt. #, etc.

City & State

City & State

MARY Esther, FL

Zip

32569

Country

USA

Zip

32569

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/2002

5. FEI Number

16-1641820

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	AVARY, KEITH A	4090 DANCING CLOUD CT #249	DESTIN, FL 32541
VP	GOODBREAD, DEBROAH	4090 DANCING CLOUD CT #249	DESTIN FL 32541
TR	AVARY, KEITH A	4090 DANCING CLOUD CT #249	DESTIN FL 32541
SEC	GOODBREAD, DEBROAH	4090 DANCING CLOUD CT #249	DESTIN FL 32541
			600024056156 10/23/03--01083--013 **150.00

8. Name and Address of Current Registered Agent

AVARY, KEITH A
4090 DANCING CLOUD CT
#249
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name

Keith Avary

Street Address (P.O. Box Number is Not Acceptable)

34 SOLAR ST

Suite, Apt. #, Etc.

City

MARY Esther

State

FL

Zip Code

32569

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-17-03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-03

Date

850-581-2102

Daytime Phone #

CR2E040 (7/03)

~~FAX COVER SHEET~~


Captain Keith Avary
34 Solar St.
Mary Esther, FL 32569
850-581-2102
850-581-2102

Send to:	From:
Attention:	Date:
Office Location:	Office Location:
Fax Number:	Phone Number:

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please comment
- ☐ Please Review
- ☐ For your Information

Total pages, including cover:

Comments:

<p>We didn't get the UBR notices sent to us and would like to be reinstated. Please note that I have moved and enclosed a \$150⁰⁰ check for reinstatement. Thank You</p> <p> Keith A. Avary 10-27-03</p>
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