

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 JAN -3 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000070728

1. Corporation Name

DEEP SEA CHARTERS, INC.

2. Principal Office Address - No P.O. Box #

2950 NE 32ND AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

City & State

Zip

33308

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/25/2003

5. FEI Number

59-1802318

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KATHLEEN ANNE WINDRIDGE

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

#2 ISLA BAHIA TERRACE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33316

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/27/10

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
PSTC	KATHLEEN A WINDRIDGE	2950 NE 32ND AVENUE	FORT LAUDERDALE FLA 33308
V	JEAN WEATHERLY	2950 NE 32ND AVENUE	FORT LAUDERDALE, FLA 33308
		<i>[Signature]</i>	

10. E-mail Address: SHINING634@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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

12/27/10

Date

954-525-7724

Daytime Phone #