

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

06 SEP -1 PM 12:00

SECRETARY OF STATE
TALLAHASSEE FL 32399

DOCUMENT # P03000073298

1. Entity Name
EAGLE YACHT CHARTERS INC.



Principal Place of Business
6335 RIDGE TOP DRIVE
NEW PORT RICHEY, FL 34655

Mailing Address
6335 RIDGE TOP DRIVE
NEW PORT RICHEY, FL 34655

2. Principal Place of Business
590 79th ST South

3. Mailing Address
590 79th ST South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St Petersburg

City & State
St Petersburg

Zip
33707

Country
USA

Zip
33707

Country
USA

08292006

REIN-P

CR2E098 (11/05)

4. FEI Number
56-2374589

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLE, STEVEN D
590 79th ST S
ST Petersburg, FL 33707

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/29/06

DATE

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
PF
COLE, STEVEN D
6335 RIDGE TOP DRIVE
NEW PORT RICHEY, FL 34655 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
590 79th ST S
ST Petersburg, FL 33707 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
COLE, KAREN MRS.
590 79th ST. SOUTH
ST. PETERSBURG, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
590 79th ST S
ST Petersburg, FL 33707 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
AINLEY, WILLIAM J MR.
8633 TORCHWOOD DR.
TRINITY, FL 34655 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300079517723
09/06/06--01024--010 ***300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/06

Daytime Phone #

727-536-2711

9/1/06