


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 FEB 11 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P03 0000 99032**

1. Corporation Name  
**MID ATLANTIC CRUISES INC.**

2. Principal Office Address <b>4542 CLYDE MORRIS BLV. Port Orange, FL 32127</b>		3. Mailing Office Address <b>P.O. Box 9666</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PORT ORANGE</b>		City & State <b>DAYTONA Bch, FL</b>	
Zip <b>32127</b>	Country <b>Volusia</b>	Zip <b>32120</b>	Country <b>Volusia</b>

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**20-02221347**

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  
**SAM OSTA**

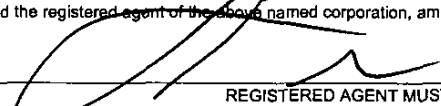
Street Address (P.O. Box Number is Not Acceptable)  
**4542 CLYDE MORRIS BLV.**

Suite, Apt. #, Etc.

City  
**Port Orange**

State <b>FL</b>	Zip Code <b>32127</b>
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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  Date **2-8-05**

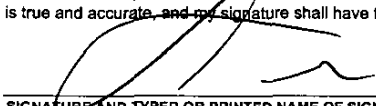
REGISTERED AGENT MUST SIGN

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
<b>President</b>	<b>SAM OSTA</b>	<b>4542 CLYDE MORRIS BLV.</b>	<b>Port Orange, FL 32127</b>

000047350720  
02/28/05--01007--013 \*\*300.00

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)(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:  **SAM OSTA** Date **2-8-05** Daytime Phone # **386-299-8303**

CR2E081 (01/05)

272

2-10-05

SAM OSTA

4542 CLYDE MORRIS BU.

Port Orange, FL 32129

Ph: 386-299-8303

To: STATE OF FLORIDA

REINSTATEMENT DEPARTMENT

Re: MID ATLANTIC CRUISES INC.

~~where~~ I was living at 4211 So.  
Peninsula Dr. DAYTONA BEACH Shores  
(within 1/2 mile of the sea).

I moved over year ago

To 4542 CLYDE MORRIS BU. Port  
Orange FL, I never got notice

from state of FL to reinstate

My Corporation MID ATLANTIC CRUISES

whereas, I am asking you now to reinstate  
my corporation at the new address mentioned  
above.

 / President