

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3000152629

1. Corporation Name

Florida Yacht Charter, Inc

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

3. Mailing Office Address

3229 Trout Creek Ct. 3229 Trout Creek Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Augustine, FL

St. Augustine, FL

Zip

Country

Zip

Country

32092

USA

32092

USA

4. Date Incorporated or Qualified
To Do Business in Florida
12/16/2003

5. FET Number

Applied For

45-0530683

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Certificate Of Status Desired

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sherry L. Booty

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

3229 Trout Creek Ct.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32092

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

REGISTERED AGENT MUST SIGN

Date **08/14/2017**

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 |
|----------|--------------------------------------|---|--------------------------------|
| P | Jeffrey A. Booty | 3229 Trout Creek Ct. | St. Augustine, FL 32092 |
| S | Sherry L. Booty | 3229 Trout Creek Ct. | St. Augustine, FL 32092 |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: **funyacht1@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/14/2017

904 625-7100

Date

Daytime Phone #