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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 JAN 23 AM 10:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000065580430 02/10/06--01050--015 ***450.00 CR2E081 (12/05)	
DOCUMENT # P63000157969					
1. Corporation Name Fantasy Charters & Cruises, Inc.					
2. Principal Office Address 4538 Emerald Vista		3. Mailing Office Address same			
Suite, Apt. #, etc. # H-267		Suite, Apt. #, etc. same			
City & State Lake Worth, FL		City & State same			
Zip 33461	Country USA	Zip same	Country same	4. Date Incorporated or Qualified To Do Business in Florida 12/03	
5. FEI Number 54.2135444				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Deborah A. Barreto					
Street Address (P.O. Box Number is Not Acceptable) 4538 Emerald Vista #000000					
Suite, Apt. #, Etc. # H-267					
City Lake Worth				State FL	Zip Code 33461
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 Deborah A. Barreto				Date 1/17/06	
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		
Director	Deborah A. Barreto	4538 Emerald Vista # H-267	Lake Worth, FL 33461		
Director	Emiliano Barreto	4538 Emerald Vista # H-267	Lake Worth, FL 33461		
REINSTATEMENT					
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 contained in Chapter 119, 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: Deborah A. Barreto				Date 1/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 505-756-6373	

Fantasy Charters & Cruises, Inc.
4538 Emerald Vista, Suite #H-267
Lake Worth, FL. 33461
561-756-6373

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December 13, 2005

**Department Of State
Division Of Corporation
Corporate Filing
P.O. Box 6327
Tallahassee, FL. 32314**

Document Number #P03000157969

**Previous Address: 1030 US Highway 1 201
N. Palm Beach, Fl 33408**

Tax Payer ID #54-2135444

To Whom It May Concern:

I am writing in regards to the above for mentioned company. We have spoken to one of your representatives advising that we have not received the annual notification of our renewal for our business. Inadvertently this was an over sight on our behalf and upon learning that you have not changed our address in your system we realized this and contacted your office. We would like to bring current our annual fees of the \$150.00 per each year however, we request that the additional fees of \$600.00 for the penalty be waived

In addition, to my request to have this fee waived I would also like to request that you update your system to reflect our current address.

Thank you in advance for your time and concern in this matter.

**Sincerely,
Deborah A. Barreto**