

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 AM 11:41

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO4000145580

1. Corporation Name

Dave Morris Charters, Inc.

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

109 Pippin Drive

Suite, Apt. #, etc.

City & State

Islamorada, FL

Zip

33036

Country

USA

3. Mailing Office Address

109 Pippin Drive

Suite, Apt. #, etc.

City & State

Islamorada, FL

Zip

33036

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/2004

5. FEI Number

65-0066549

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

David Morris

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

109 Pippin Drive

Suite, Apt. #, Etc.

City

Islamorada

State

FL

Zip Code

33036

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

David Morris

Date

4/28/08

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
President	David Morris	109 Pippin Drive	Islamorada, FL, 33036
Secretary	David Morris	109 Pippin Drive	Islamorada, FL, 33036
Director	David Morris	109 Pippin Drive	Islamorada, FL, 33036
REINSTATEMENT 05-08 05/01/08--01049--008 **1658.75 B 5/5/08			

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:

David Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

Daytime Phone #