PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF MIXED DIVISION OF CORPORATIONS 10 MAR 25 PM 4: 18
DOCUMENT # P05000013989 1. Corporation Name M & E YACHT CHARTERS, INC		
2. Principal Office Address - No P.O. Box # S20 Enterprise Osteen Rd	3. Mailing Office Address P. D. Buy 5 9	000170225000 02/23/1001003018 **750.00 cr2E081 (11/09)
Suite, Apt. #. etc. N/A City & State	Suite, Apt. #, etc. City & State	Date Incorporated or Qualified To Do Business in Florida
OSTEEN, FL Zip Country	Zip Same Country	5. FEI Number Applied For Not Applicable
3274 USA	32764 USA	o. CERTIFICATE OF STATUS DESIRED 38.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		1
Street Address (P.O. Box Number is Not Acceptable) 520 Enterprise Osteen Rd		☑ 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
Suite, Apt. #, Etc.		received and requesting the reinstatement
city Osteen	State Zip Code / FL 32764	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 MANATOR OF THE REGISTERED GENT MUST SIGN Date 2 11 10		
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	
P Edmund A JUNG 520 Enterprise Osteen Rd Osteen R 32764		
V MARION D JUNG 500 Enterprise Osteen Rd OSteen PC 32764		
We get the mail at Po.Box 59		
Ostein Il. 32764.		
REINSTATEMENT OL 10 (2/95/1)		
10. E-mail Address: (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 filling 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. 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. SIGNATURE: SIGNATURE AND TYPED OR PRINT INAME OF SIGNING OFFIGER OR LIRECTOR Date Date Daytime Phone #		