


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000060314	
1. Entity Name SHALLOW WATER CHARTERS, INC.	

FILED
09 APR -7 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6117 HIGGINS AVE FT MYERS, FL 33905	Mailing Address 6117 HIGGINS AVE FT MYERS, FL 33905
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2. Principal Place of Business - No P.O. Box # 3232 58th St. W	3. Mailing Address 3232 58th St W
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State Lehigh Acres, FL	City & State Lehigh Acres, FL
Zip 33971	Zip 33971
Country USA	Country USA

4. FEI Number 02-0742820	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FUTCH, JAMES T 6117 HIGGINS AVE FT MYERS, FL 33905	
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7. Name and Address of New Registered Agent Name James T. Futch Street Address (P.O. Box Number is Not Acceptable) 3232 58th St W City Lehigh Acres FL Zip Code 33971	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE James T Futch <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4/2/09 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUTCH, JAMES T 6117 HIGGINS AVE FT MYERS, FL 33905 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James T. Futch <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3232 58th St W Lehigh Acres, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE James T Futch <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/2/09 <small>Daytime Phone #</small>