

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 11 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705000129609

1. Corporation Name

First Elite Charters Inc

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

1000 NW 150 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Williston, FL

City & State

FL

Zip

Country

32654 USA

Zip

Country

REINSTATEMENT

01-31-08 01035 006 \$300.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/1/05

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

7. Name and Address of Current Registered Agent

Name

Tammy C Horton

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

18060 NW 150 Ave W

Suite, Apt. #, Etc.

City

Williston

State

FL

Zip Code

32654

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

Tammy Horton

REGISTERED AGENT MUST SIGN

Date 3/5/08

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
PR	Trinity Sanders	6014 Queens Rd	Gainesville, FL 32607
VP	Tammy Horton	18060 NW 150 Ave W	Williston FL 32654

300120968453
03/24/08--01004--007 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tammy Horton

3/5/08

Date

352-538-1178

Daytime Phone #