

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT -7 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000084083

1. Corporation Name

CAPTAIN TIM'S CHARTERS AND DELIVERY, INC.

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

4414 LAKESIDE AVENUE

3. Mailing Office Address

4414 LAKESIDE AVENUE

Suite, Apt #, etc

Suite, Apt #, etc

City & State

N. FORT MYERS, FL

City & State

N. FORT MYERS, FL

Zip

33903

Country

US

Zip

33903

Country

US

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CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 06/20/2006

5. FEI Number
75-3217936

☐ 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

PENNY J. VAUGHT

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

Suite, Apt #, Etc

4414 LAKESIDE AVENUE

City

N. FORT MYERS,

State

FL

Zip Code

33903

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

Date

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
D	TIMOTHY J. VAUGHT	4414 LAKESIDE AVENUE	N. FORT MYERS, FL 33903
DPST	PENNY J. VAUGHT	4414 LAKESIDE AVENUE	N. FORT MYERS, FL 33903

REINSTATEMENT

09-11
B 10/7/11

10. E-mail Address: CHIEFOINC@AOL.COM

(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 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Penny J. Vaught

PENNY J. VAUGHT

10/03/11

239-995-0585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #