

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021 APR 12 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # P080000 18393

1. Corporation Name

Steady Action Fishing Charters, Inc

100364088791
04/14/21--01006--003 **1800.00

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

1203 Chesterfield Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1203 Chesterfield Ave

Suite, Apt. #, etc.

City & State

Ruskin FL

Zip

33570

Country

U.S.

City & State

FL Ruskin

Zip

33570

Country

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/20/03

5. FEI Number

N/A

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

Jason Prieto F

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

1203 Chesterfield Ave

Suite, Apt. #, Etc.

City

Ruskin

State

FL

Zip Code

33570

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

[Signature]

Date 4-5-21

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
P.S.	Jason Prieto	1203 Chesterfield Ave	Ruskin FL 33570

10. E-mail Address: Capt Jason P @ gmail.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:

[Signature]

4-5-21

THIS FORM IS TO BE FILED WITH THE SECRETARY OF STATE. IT IS THE RESPONSIBILITY OF THE FILER TO ENSURE THAT ALL INFORMATION IS ACCURATE AND COMPLETE. THE FILER IS ADVISED THAT THE SECRETARY OF STATE DOES NOT GUARANTEE THE ACCURACY OF THE INFORMATION PROVIDED.