PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P93000014995

1. Corporation Name
J & S CHARTER SERVICES INC.

REINSTATEMENT 99-01

2. Principal Office Address	3. Mailing Office Address
888 Veterans Memorial Highway	888 Veterans Memorial Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 540	Suite 540
City & State	City & State
Hauppauge NY	Hauppauge NY
Zip / Country	Zip / Country
11788 USA	11788 USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/26/93

5. FEI Number: 133713265 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

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Name: Albert Haug
Street Address (P.O. Box Number is Not Acceptable): c/o Raynor Law Firm, P.A., 14241 U.S. Highway One
Suite, Apt. #, Etc.:
City: Juno Beach
State: FL
Zip Code: 33408-1405

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: × Albert Haug — REGISTERED AGENT MUST SIGN
Date: × 8/21/2001

CR2E084 (9/00)

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,P, S, T	Albert Haug	888 Veterans Memorial Hwy. Suite 540	Hauppauge, NY 11788

8/8/23

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 under section 119.07(3)(i), 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
ALBERT HAUG
Date: × 8/21/2001
Daytime Phone #: 631.232.3680