

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

00 MAY -9 PM 2:57

DOCUMENT # P93000027468

1. Corporation Name

C & T CHARTERS, INC.

2. Principal Office Address

114B Ponce de Leon Blv

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33135

Country

USA

3. Mailing Office Address

114B Ponce de Leon Blv.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33135

Country

USA

REINSTATEMENT 98-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/14/93

5. FEI Number

65-0424998

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

JOHN HENRY CABANAS

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

5500 Collins Avenue

Suite, Apt. #, Etc.

2102

City

MIAMI BEACH,

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date **5/8/00**

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 |
|--------|--------------------------------------|---|-----------------------|
| Pte | John Henry Cabanas | 5500 Collins Av. #2102 | Miami Beach, FL 33140 |
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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:

John Henry Cabanas

5/8/00

(305) 445-6422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #