

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

**FILED**

98 APR 17 PM 2:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000046789  
 1. Corporation Name  
 Stray Cat Charters, Inc.

Mailing Address Principal Place of Business  
~~1501 Alton Road~~ ~~Some~~  
~~Suite 358~~  
~~Miami Beach, FL 33139~~

**REINSTATEMENT** 96-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
 2. New Mailing Address, If Applicable  
 3512 N. Ocean Dr.  
 Suite, Apt. #, etc.  
 City & State  
 Hollywood, FL  
 Zip  
 33019 Country  
 USA

DO NOT WRITE IN THIS SPACE  
 4. Date Incorporated or Qualified To Do Business in Florida  
 6/25/93  
 5. FEI Number  
 65-0429591  
 Applied For  
 Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Mark G. Pomeranke	3512 N. Ocean Dr. Hollywood, FL	Hollywood, FL 33019

500002497175-- 1  
 -04/22/98--01105--015  
 \*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Mark G. Pomeranke  
 Street Address (P.O. Box Number is Not Acceptable)  
 3512 N. Ocean Dr.  
 Suite, Apt. #, Etc.  
 City Hollywood State FL Zip Code 33019

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *X mark Pomeranke* REGISTERED AGENT MUST SIGN Date 4/15/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: *X mark Pomeranke* Mark Pomeranke, Pres 4/15/98 305/322-0964  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (6-94)