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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P93000069102

1. Corporation Name

DESTINY YACHT CHARTERS, INC.

REINSTATEMENT 05-06

2. Principal Office Address	3. Mailing Office Address
996 56 AVE. S.	996 56 AVE. S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SAINT PETERSBURG, FL	City & State: SAINT PETERSBURG, FL
Zip: 33705 Country: US	Zip: 33705 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 09/27/1993

5. FEI Number: 593205313 ☐ Applied For ☐ Not Applicable

7. Name and Address of Current Registered Agent

Name: WILLIAM R. MACFARLANE

Street Address (P.O. Box Number is Not Acceptable): 996 56 AVE S

Suite, Apt. #, Etc.:

City: SAINT PETERSBURG, FL State: FL Zip Code: 33705

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: WILLIAM R. MACFARLANE Date: 10-4-2006

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	WILLIAM R. MACFARLANE	996 56 AVE S	SAINT PETERSBURG FL 33705
D	SANDRA Y. MACFARLANE	996 56 AVE S	SAINT PETERSBURG FL 33705

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 contained in Chapter 119, 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: WILLIAM R. MACFARLANE 10-4-2006 727 542 7245

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF PRES OR DIRECTOR) Date Daytime Phone #

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DATE: 10-04-2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: DESTINY YACHT CHARTERS, INC.
WILLIAM R. MACFARLANE

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 727 542 7245.

THANKS,

DESTINY YACHT CHARTERS, INC.
WILLIAM R. MACFARLANE

H06000244793 3

3/3

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

DESTINY YACHT CHARTERS, INC.

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