

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 OCT - 5 PM 1:09

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

2. Principal Office Address
896 56 AVE. S.3. Mailing Office Address
996 56 AVE. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SAINT PETERSBURG, FLCity & State
SAINT PETERSBURG, FLZip
33705Country
USZip
33705Country
US4. 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, FLState
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)

Title	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

Date 10-4-2006 727 542 7245

PRINTED NAME OF SIGNER OF POWER OF ATTORNEY

Date

Daytime Phone #

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K. Eckel OCT - 5 2006

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DATE: 10-04-2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

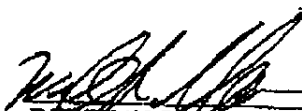
FROM: DESTINY YACHT CHARTERS, INC.
WILLIAM R. MACFARLANE

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

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALT.Y.

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

THANKS,



DESTINY YACHT CHARTERS, INC.
WILLIAM R. MACFARLANE

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Oct 05 2006 9:51AM

HP LASERJET FAX

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Division of Corporations

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Florida Department of State
Division of Corporations
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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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