

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000077624**

1. Corporation Name

FISH ON CHARTERS, INC.

Principal Place of Business

Mailing Address

~~708 COMMERCE WAY~~
~~UNIT 4~~
JUPITER FL 33458
US

P. O. BOX 1940
JUPITER FL 33458-1940
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1414 Commerce Lane
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Zip

33478

Country

Palm Beach

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1993

5. FEI Number

65-0451300

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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	TANNER, JAMES W	17544 BRIAN DR.	JUPITER FL
VP	TANNER, GLORIA C	17544 BRIAN DR.	JUPITER FL

8. Name and Address of Current Registered Agent

TANNER, JAMES W SR.
17544 BRIAN DR.
JUPITER FL 33478

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/20/96

11. 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.)

12. 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)(f), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gloria C. Tanner 11/20/96 461-746-0246

FILED

96 NOV 22 PM 1:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

600002012476--B

REINSTATEMENT

9602

CR-2500 (7/95)

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8886



ACCOUNT NO. : 072100000032

REFERENCE : 164699 10575A

AUTHORIZATION : *Patricia Pyatt*

COST LIMIT : \$ 383.75

ORDER DATE : November 22, 1996

600002012476--8

ORDER TIME : 10:10 AM

ORDER NO. : 164699-005

CUSTOMER NO: 10575A

CUSTOMER: Mr. Frederick M. Dahlmeier
Cromwell Pfaffenberger
Suite 410
631 Us Highway One
North Palm Beac, FL 33408

RECEIVED
96 NOV 22 AM 11:19
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: FISH ON CHARTERS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Helentjaris
EXAMINER'S INITIALS _____