PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** FILED Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 98 FEB -5 AM 11: 53 DOCUMENT # P94000021061 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name CONCH CHARTERS, INC. Principal Place of Business Malling Address 1500 REYNOLDS ST 1020 GEORGIA ST. KEY WEST FL 33040 KEY WEST FL 33040 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 03/15/1994 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0494904 City & State City & State Not Applicable 6. \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) and/or Directors P/D PARKER, DAVID S 1020 GEORGIA ST. KEY WEST FL PARKER, ROLAND H <del>1801 N ROOSEVELT BLVD</del> KEY WEST FL-S PARKER, ALICE 1020 GEORGIA ST KEY WEST FL <del>parker eleege</del> <del>1881 N-ROOSEVELT BLVD</del> KEY-WEST FI 02/10/98--01032--010 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent PARKER, DAVID S Street Address (P.O. Box Number is Not Acceptable) 1020 GEORGIA ST. KEY WEST FL 33040 Sulte, Apt. #, Etc. City Zip Code 10. I, being appointed the registered agent of the above am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agen REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for int on Intangible ta No Intangible Personal Property tax due June 30. Yes I 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 filling 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 1/25/98 (305) 295 9030

SIGNING OFFICER OR DIRECTOR

SIGNATURE: