


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 10 PM 1:36</div> <div style="text-align: center; margin-top: 20px;"></div>	
DOCUMENT # P95000048870					
1. Corporation Name H C S CHARTERS, INC.					
Principal Place of Business 3630 YACHT CLUB DRIVE AVENTURA FL 33180		Mailing Address 3630 YACHT CLUB DRIVE AVENTURA FL 33180			
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		4. Date Incorporated or Qualified To Do Business in Florida 06/21/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-2596958	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
1	2	3	4		
PD	STOFMAN, JEANNIE	3630 YACHT CLUB DRIVE	AVENTURA FL 33180		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
STOFMAN, JEANNIE 3630 YACHT CLUB DR. AVENTURA FL 33180		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		REGISTERED AGENT MUST SIGN		Date 10/30/2001	
11. 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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jeannie Stofman HCS Charters Date 10/2/01 305 935 4201			

CR2E040 (8/01)

BERZOFSKY AND BERZOFSKY, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANTS
5101 WEST PARK ROAD, HOLLYWOOD, FLORIDA 33021
TEL (954) 963-1112 FAX (954) 989-2951

CARYL BERZOFSKY, C.P.A.
SEYMOUR N BERZOFSKY, C.P.A., J.D.

November 9, 2001

Florida Department of State
Annual Report Section
PO Box 6327
Tallahassee, Florida 32314-6327

Re: H C S Charters, Inc.
P95000048870

Dear Sir/Madam

I am enclosing an Application for Reinstatement for the above corporation for the year 2001, together with a check in the amount of \$150.

I had called your office and told the person who answered that this amount had been paid timely, but the check had never cleared the bank. I was told to submit the reinstatement form with payment for \$150 and that it would be accepted.

Please acknowledge to the undersigned that payment has been received and the corporation is an active one.

Sincerely


Seymour N Berzofsky