

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065181

1. Corporation Name

WORLD SAIL EXCURSIONS, INC.

Principal Place of Business

6104 MAGNOLIA LANE
LAKELAND FL 33810
US

Mailing Address

PO BOX 91132
6104 MAGOLIA LANE
LAKELAND FL 33804-1132
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1996

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	HARPER, DANIEL A	6104 MAGNOLIA LANE	LAKELAND FL 33810

8. Name and Address of Current Registered Agent

HARPER, DANIEL A
6104 MAGNOLIA LANE
PO BOX 91132 LAKELAND, FL 33804-1132
LAKELAND FL 33810

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. or 617.0505, F.S.

Signature of
Registered Agent

 SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

26 Oct 2002

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

26 Oct 02 917-972-8135

Daytime Phone #

CR2040 (8/02)

Secretary of State

26 Oct 2002

Please accept my sincere apology. I have only now received the Notice of Administrative

Dissolution or Revocation. Due to the nature

of World Sail Excursions business, I am frequently at sea and my land staff is slow in getting

these important matters resolved. Please accept

my \$150.00 reinstatement fee and waive

the late penalty. I appreciate your understanding!

Best Regards

Capt. Dan V.

Daniel A. Hagar

CFO World Sail Excursions

1/6 Carbon