

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000032933**

1. Corporation Name

DR. HOOK CHARTERS, INC.

Principal Place of Business

**BAHIA MAR YACHTING CENTER
801 SEABREEZE BLVD., APT. A-121
FT. LAUDERDALE FL 33308**

Mailing Address

**21 CASTLE HARBOR ISLE
FT LAUDERDALE FL 33308**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1997

5. FEI Number

65-0743543

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
D	COOK, DONALD R	21 CASTLE HARBOR ISLE	FT. LAUDERDALE FL 33308
D	ALLES, FRANK J	21 CASTLE HARBOR ISLE	FT. LAUDERDALE FL 33308

800023908318

10/17/03--01062--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BOSSHARDT, KURT E
1600 SE 17TH ST., STE. 404
FT. LAUDERDALE FL 33316**

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

REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

Donald R. Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

954-648-9288

FILED

03 OCT 17 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

23

CR2E040 (7/03)

Donald R. Cook
DR HOOK CHARTERS
21 Castle Harbor Isle
Ft. Lauderdale, FL 33308

October 14, 2003

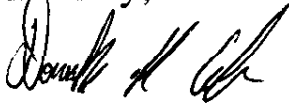
To Whom It May Concern:

This letter is in regards to the revocation of my corporation. I have been incorporated for almost seven years. This is the third time that your office has failed to send me notice to file my annual report. When I do receive this notice I do not hesitate to send the check out immediately because I know the importance of getting this report out by May 1st. I do not feel that I should have to pay a reinstatement fee due to the fact that it has happened two times prior to this.

Enclosed please find my \$150.00 fee. I would appreciate you contacting me as soon as possible as I must get back to running my business.

If you have any questions or problems, please call me at 954-648-9288.

Sincerely,

A handwritten signature in black ink, appearing to read 'Donald R. Cook', written over a horizontal line.

Donald R. Cook
DR HOOK CHARTERS