

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051063

1. Corporation Name

CARIBSEA CHARTERS, INC.

2. Principal Office Address - No P.O. Box #

205 NAUTILUS DR

3. Mailing Office Address

205 NAUTILUS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ISLAMORADA FL

City & State

ISLAMORADA FL

Zip

33036

Country

Zip

33036

Country

4. Date incorporated or Qualified
To Do Business in Florida

6/9/1998

5. FEI Number

65 0160114

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
KENNETH SPAULDING

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

Suite, Apt. #, Etc.

City
ISLAMORADA

State
FL

Zip Code
33036

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

KENNETH SPAULDING
REGISTERED AGENT MUST SIGN

Date **5/24/2007**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KENNETH SPAULDING	205 NAUTILUS DR	ISLAMORADA FL 33036

10. 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 contained in Chapter 119, 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:

KENNETH SPAULDING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/25/2007**

Daytime Phone #

FILED

07 MAY 21 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-07
CH2E0811(1/07)

2052

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

CARIBSEA CHARTERS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$2,108.75

Electronic Filing Menu

Corporate Filing Menu

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