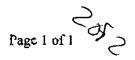
# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION					EPART ecretary ION OF CI	of St	tate	STATE		FILED  07 MAY 21 PM 4: 00  SECRETAINY U. STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000051063  1. Corporation Name											TALLAHASSEE, FLORIDA	
CA	RIB	SE	EA (	CH	ART	ER	S,	IN	C.			
2. Principal Office Address - No P.O. Box # 205 NAUTILUS DR				3. Malling Office Address 205 NAUTILUS DR						USTATERIAN 98-C		
Suite, Api. 4, atc.					Suite, Apt. 4, etc.				ar <b>-1</b> -, 1 r ·		riporated or Qualified (6/9/1998	
Cily & Siste ISLAMORADA FL				City & State ISLAMORADA FL				No. 10 of \$5000 at \$6 1 000 at \$600.	5. FEI Numb	Applied For Not Applied For Not Applied No		
33030	36 Contain			33036 Country				GERTIFICATE OF STATUS DESIRED S9.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent										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		
KENNETH SPAULDING												
205 NAUTILUS DR Acceptable)												
Suite, Apl #. Etc.  State 33036									-Code		e waived.	
	MORA					-41	FL				offer COT ACOL as 817 AEA3 E C	
Signaturo o Registered	oi ,	/	IN ET		SAU/ EGISTERED AG	ENT MUS	SIGN	with Brid a	scoopt the 0	Ongarona () ee	otion 607.0505 or 617.0503, F.S.  Date 5/2/2007	
9. Name:	s and Street A	ddresse	s of Each C	ifficer an	d/or Director (Fig	nida nonpr						
Titles	Childors and/or Directors				Street Address of Es Officer and/or Direc				otoerid rolb	<u> </u>	City / State / Zip	
<u>D</u>	KENNETH SPAU				LDING 205 NAUTILUS D			US DI	R	ISLAMORADA FL 33036		
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this ro owed on this	tinslatement é by the corpor s application to	ppilcatio ation hav true an	n, the mase re bach pak di securate, r	n for dis send the end my	ectudion has been names of Individualism names of Individualism name	i eliminate luals listed ave the ser	d, the co on this t ne legal	omorale no form do no offect ea f	eme satisfier of qualify for if made unde	a the requirement o notiqmexe na	chapter 607 or 617, F.S. I further cortify that when filling into of section 607.0401 or 617.0401. F.S., that all fees contained in Chapter 119, F.S. The Information indicated	
SIGNA	TURE:	UTANDE	HE AND TYP	ED OR PI	SIA RINTED NAME OF	SIGNING O	FFRER	R DIRECT	OR		Dala Dayling Phone #	



## Florida Department of State

Division of Corporations Public Access System

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Account Number: 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

### CORPORATION REINSTATEMENT

#### CARIBSEA CHARTERS, INC.

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\$2,108.75

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