


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 # **P97000080248**

1. Corporation Name

MARUBI CHARTERS, INC.

Principal Place of Business

718 ST CROIX COVE
NICEVILLE FL 32578

Mailing Address

718 ST CROIX COVE
NICEVILLE FL 32578

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

2. New Principal Office Address, If Applicable

1176 DON BISHOP RD

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FL

Zip

32459

Country

USA

3. New Mailing Office Address, If Applicable

1176 DON BISHOP RD

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FL

Zip

32459

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/1997

5. FEI Number

65-0787971

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 |
|---------------|---|--|---------------------------------------|
| P | BURGIS, DEAN A.F. | 718 ST CROIX COVE | NICEVILLE FL 32578 |
| P | BURGIS, DEAN A.F. | 1176 DON BISHOP RD | SANTA ROSA BEACH, FL 32459 |
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| | | | |
| | | | |
| | | | |
| | | | |

300040964563
09/10/04--01048--012 **750.00

300040964563
12/14/04--01017--017 **150.00

8. Name and Address of Current Registered Agent

BURGIS, DEAN A
718 ST CROIX COVE
NICEVILLE FL 32578

9. Name and Address of New Registered Agent

Name

BURGIS, DEAN A.

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

1176 DON BISHOP RD

Suite, Apt. #, Etc.

City

SANTA ROSA BEACH

State

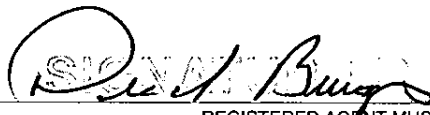
FL

Zip Code

32459

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

8-31-04

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 is 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

Date

8-31-04

Daytime Phone #

(850) 622-9579