

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 990000028260

1. Corporation Name

BSA Charters Inc.

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

427 Benning Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 213

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

Zip

32541

Country

US

Zip

32540

Country

US

08-10

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3/25/1998

5. FEI Number

59-3501805

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 Adam R. Miller II

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

427 Benning Dr.

Suite, Apt. #, Etc.

City Destin FL

State

FL

Zip Code

32541

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

Adam R. Miller II

Date

7-14-10

REGISTERED AGENT MUST SIGN

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
VP	JACK B. TRUSTY	146 DAK RIDGE Cemetery Rd DeFuniak Springs FL 32433	DeFuniak Springs FL 32433
sec.	Sonya Miller	427 Benning Dr	Destin FL 32541
P	Adam R. Miller II	427 Benning Dr	Destin FL 32541

10. E-mail Address: bsa charter @cox.net

(To be used for future annual report notification)

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. I further certify, 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:

Adam R. Miller II

7-14-10

850-865-7620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #