APPLICATION FOR REINSTATED ENT	A NSTRUCTIONS B. ORIDA DEPARTME Katherine H Secretary of S DIVISION OF CORPO	NT OF STATE arris State	OMPLETING THIS FORM.	
DOCUMENT # P98000054901 1. Corporation Name			99 OCT 19 PM 12: 54	
HIGH SEA CHARTERS, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address				
5195 FAY BOULEVARD COCOA FL 32927 COCOA FL 32927 COCOA FL 32927				
If above addresses are incorrect in any way, line throat. New Principal Office Address, If Applicable	ough incorrect information and enter 3. New Mailing Office Address, If		Data Incompreted or Qualified	
Suite, Apt. #, etc. Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 06/17/1998	3
City & State City & State			$[a, 7e_{\Delta \Delta \Delta A}]$	Applied For Not Applicable
Zip Country	Zip Count	ry T		al Fee required
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
		reet Address of Each fficer and/or Director	City / State / Zip	
Your James [vey]	igh 5195 f	ay Blue	CocuA, FZ 32	-003
8. Name and Address of Current i	Registered Agent	1	Name and Address of New Registered Apent	
HIGH, JAMES I 5195 FAY BOULEVARD COCOA FL 32927		Name Street Address (P.O Suite, Apt. #, Etc. City	Box Number is Not Acceptable) State Zip Code	CRZEDAO (8999)
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. Signature of Registered Agent Agent Agent MUST SIGN Date 10-13-99				
11. I certify that 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 filling 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: JAMES JULY SCHIKED			110-13-90	
SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			10-13-96 Dete Daytine Phone # 407-639-8599	

JAMES I. HIGH 5195 Fay Boulevard Cocoa, Florida 32927

October 14, 1999

Division of Corporations Annual Report/Reinstatement Section P. O. Box 6327 Tallahassee, FL 32314-6327

Gentlemen:

I am returning the application for reinstatement for the following corporations:

High Air Charters, Inc. P98000045342
High Sea Charters, Inc. P98000054901

I did not receive the annual report or the second notice for either of these corporations, despite the fact that the addresses on these reinstatement applications are correct.

I called the Department of State today and was advised that I should send this letter, the applications for reinstatement and checks for \$150.00 for each corporation, and they would be reinstated.

The checks for the two corporations are for \$158.75 each, and I request that you provide me with a Certificate of Status, indicating both Corporations are active.

Thank you for your assistance.

James I. High

ry truly yours

JIH:mlt

Enclosures: as stated