

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 SEP 18 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200136084582
09/18/08--01021--001 **493.75

CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000101050

1. Corporation Name

COMFORT ZONE CHARTERS, INC

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

54 CANYON TRAIL

Suite, Apt. #, etc.

City & State CLOUDCROFT,
NEW MEXICO

Zip 88317

Country

USA

3. Mailing Office Address

54 CANYON TRAIL

Suite, Apt. #, etc.

City & State CLOUDCROFT,
NEW MEXICO

Zip 88317

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1998

5. FEI Number

650884670

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

WILLIAM ADAMS

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

1509 SOMBRERO BLVD.

Suite, Apt. #, Etc.

City

MARATHON

State

FL

Zip Code

33050

☒ 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

William Adams

REGISTERED AGENT MUST SIGN

Date 9-8-08

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
PRES.	GORDON G. WYATT	54 CANYON TRAIL	CLOUDCROFT, N.M. 88317
S/T	LETA J. WYATT	54 CANYON TRAIL	CLOUDCROFT, N.M. 88317
VP	MARK A. WYATT	2501 LEICESTER CT	CARROLLTON, TX 75006

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:

Gordon G. Wyatt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-08 687-4396

Date

Daytime Phone #

T Lewis
9-22-08