

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 1:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000023325

1. Corporation Name

OFF DUTY CHARTERS, INC.

Principal Place of Business

629 BOUNDARY BLVD
ROTONDA WEST FL 33947

Mailing Address

629 BOUNDARY BLVD
ROTONDA WEST FL 33947

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1999

5. FEI Number

65-0902944

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CLEMENS, SCOTT	629 BOUNDARY BLVD	ROTONDA WEST FL 33947

800009238568
11/27/02--01042--019 **158.75

8. Name and Address of Current Registered Agent

CLEMENS, SCOTT A
629 BOUNDARY BLVD
ROTONDA WEST FL 33947

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/21/02

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/02

Daytime Phone #

CR2E040 (8/02)

MARK H. KNAUF, PA

Certified Public Accountant

686 N. Indiana Avenue, Suite B • Englewood, FL. 34223
(941) 474-5450

November 13, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Off Duty Charters, Inc. P99000023325

Gentlemen:

Enclosed please find the completed Application for Reinstatement and a check for \$158.75.

Off Duty Charters did not receive the first two notices. Scott was shocked to see this come in. Scott is a Charlotte County Deputy and would have sent this as soon as received.

Sincerely,



Mark H. Knauf
CPA