

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 13 AM 8:32

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000030606**

1. Corporation Name

INDIGO SEAS CHARTER CO. INC.

W09-36690

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

1744 SEMINOLE DR

3. Mailing Office Address

1744 SEMINOLE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34239

Country

USA

Zip

34239

Country

USA

500159514895
08/12/09--01037--003 **458.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0913682

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

R. SCOTT ZIMMER

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

1744 SEMINOLE DR

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34239

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **8/4/09**

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.	ZIMMER, ROBERT SCOTT	1744 SEMINOLE DR	SARASOTA, FL 34239

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/09

Date

941.726.5238

Daytime Phone #