

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 FEB -5 PM 5:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101477

1. Corporation Name

Pegasus Yacht Charters, Inc.

**REINSTATEMENT** 02-09

CR2E081 (12/08)

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

3133 SW 15 Court

3. Mailing Office Address

3133 SW 15 Court

Suite, Apt. #, etc.

C/O Capt. Novak

Suite, Apt. #, etc.

C/O Capt. Novak

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33312

Country

Broward

Zip

33312

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/1999

5. FEI Number  
52-203220

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

Brian Matlin

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

16309 SW 54th Court

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027-5602

☒ 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

REGISTERED AGENT MUST SIGN

Date 01/29/09

**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
PVST	Jeffrey S Lovell	109 Avocado Street	Islamorada, FL 33036

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

Jeffrey Lovell, President

01/29/09

Date

9542988073

Daytime Phone #