### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

#### P99000107842 DOCUMENT #

1. Corporation Name

THE ENTERPRISE CHARTERED, INC.

Principal Place of Business Mailing Address 2 MARINA PLAZA 2 MARINA PLAZA SARASOTA FL 34236 SARASOTA FL 34236 \*\*150,00° If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 7 Palm Harbor Dr 12/14/1999 Suite, Apt. #, etc. 5. FEI Number Applied For 65-0967098 City & State Not Applicable \$8.75 Additional Fee required Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director D HARDEN, KIRK B 7 PALM HARBOR DRIVE HOLMES BEACH FL 34217 HARDEN, JUSTIN J 2 Marina Plaza SARASOTA FL 34236 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Harden Justin J HARDEN, JUSTIN J 2 MARINA PLAZA SARASOTA FL 34236

11.1 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 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.

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

REGISTERED AGENT MUST SIGN

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03 DEC -5 AM 9:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

12/1/03 (941)

# THE ENTERRISE

## **SAILING CHARTERS**

2 Marina Plaza • Sarasota, Florida 34236 (941) 951-1833

12/1/03

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

To whom this may concern,

Enclosed please find a check for our (UBR) filing fee and the completed application for reinstatement. We never received either of the two (UBR) notices and only by chance this notification found its way to our attention. The reason is probably because we do not receive mail on a regular basis at the marina where we run our business from. Even though the marina has an address and receives mail they do not distribute it to all the individual boat owners on a regular basis and sometimes they through away what they feel is unimportant mail. Therefore, please forward all future correspondence to the address indicated in the New Mailing address section 3 of the application. We are still a viable Florida Corporation and operate a daily sailing charter business out of Sarasota Florida.

Sincerely,

Justin Harden

**Current Registered Agent** 

The Enterprise Chartered, Inc.