

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S93735**

1. Corporation Name

OKIE CHARTERS, INC.

Principal Place of Business

1221 BUCHILL AVENUE
1590
MIAMI FL 33131
US

Mailing Address

1221 BUCHILL AVENUE
1590
MIAMI FL 33131
US

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

2. New Principal Office Address, If Applicable

1221 Brickell Ave
Suite # 1590
MIAMI

3. New Mailing Office Address, If Applicable

1221 Brickell Ave
Suite # 1590
MIAMI, FL

City & State

Zip

Country

FL

33131

City & State

Zip

Country

33131

Country

Dade

4. Date incorporated or Qualified To Do Business in Florida

11/13/1991

5. FEI Number

65-0294620

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 / Address and Fee included
Business Information System

FILED

99 NOV 22 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

99

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
PSD	KWARTIN, STEVEN	2601 SOUTH BAYSHORE DRIVE, SUITE	MIAMI FL 33133
VP	KREUTZBERGER, PATRICIO	1221 BRICKELL AVE., SUITE 1590	MIAMI FL 33133

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-12/07/99--01082--013
****750-00 ****750-00

8. Name and Address of Current Registered Agent

KWARTIN, STEVEN
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name **José F Padua**
Street Address (P.O. Box Number is Not Acceptable)
5255 NW 87 Ave Ste 301
Suite, Apt. #, Etc.
Suite 301
City **MIAMI** State **FL** Zip Code **33178**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

REQUIRED

Date

10/29/99

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #