

# APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC -7 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S96995

1. Corporation Name

PRELUDE CHARTERS, INC.

Principal Place of Business

Mailing Address

C/O MANUEL CUADRADO  
200 S. BISCAYNE BLVD., Suite 800  
MIAMI FL 33131

C/O JOHN W DUBBS III  
222 N. LASALLE ST., SUITE 300  
CHICAGO IL 60601-1081  
US

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.  
300 S. Biscayne Blvd., #800  
City & State

Suite, Apt. #, etc.  
222 N. LaSalle St., #300  
City & State

Zip Country

Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

11/27/1991 SP

5. FEI Number

36-3817874

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	TANK, DEANE H.	340 WEST BARRY	CHICAGO IL 60657
			100003509301--1 -12/20/00--01083--013 ****\$600.00 ****\$600.00
			100003509301--1 -12/20/00--01083--014 ****\$150.00 ****\$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CUADRADO, MANUEL  
200 SOUTH BISCAYNE BLVD. STE 3500 800  
MIAMI FL 33131

Name

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

200 S. Biscayne Blvd., Suite 800

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.

Signature of  
Registered Agent

*Manuel Cuadrado*

REGISTERED AGENT MUST SIGN

Date 11/27/00

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:

*Deane H. Tank*

DEANE H. TANK,

PRESIDENT

11-14-00

Date

773-929-6909

Daytime Phone #