

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 13 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V47581

1. Corporation Name

QUERIDA CHARTERS, INC.

2. Principal Office Address 305 Harbor Dr.

3. Mailing Office Address

P.O. Box 666

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Grande, FL. 33921

City & State

Boca Grande, FL. 33921

Zip

Country

Zip

Country

800021301208

07/03/03--0104--032 **900.00

02-03

[Signature]

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 2, 1992

5. FEI Number

650372450

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

Scott D. Ittersagen

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

1861 Placida Road

Suite, Apt. #, Etc.

Suite 204

City

Englewood

State

FL

Zip Code

34223

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

6/9/03

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
P/D	Belinda G. Bender	P. O. Box 666 (305 Harbor Dr.)	Boca Grande, FL. 33921

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 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]
BELINDA G. BENDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 3, 2003

Date

Daytime Phone #

CR2081 (10/02)