

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

01 NOV -1 PM 4: 39

DOCUMENT # **P00000112036**

1. Corporation Name

**TAIL WATER CHARTERS, INC.**

Principal Place of Business

Mailing Address

CUDJOE GARDENS MARINA, 477 DROST DR  
 CUDJOE KEY FL 33042

137 MARACAIBO LN  
 CUDJOE KEY FL 33042



**REINSTATEMENT** *RB* **01**

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

4. Date Incorporated or Qualified To Do Business in Florida

12/06/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

*65 1059986*

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ALLEN, GREG	137 MARACAIBO LN	CUDJOE KEY FL 33042

200004693822--9  
 -11/26/01--01078--019  
 \*\*\*\*\*758.75 \*\*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLEN, GREG 137 MARACAIBO LN CUDJOE KEY FL 33042		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
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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

*Greg Allen* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date *10/30/01*

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:

*Greg Allen* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/30/01*  
 Date

*305-509-1027*  
 Daytime Phone #

CPRE040 (8/01)