

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUN 18 PM 12:12

DOCUMENT # P02000069829

1. Corporation Name

DEFENDER YACHT, CORP.

2. Principal Office Address - No P.O. Box #

1825 PONCE DE LEON BLVD

3. Mailing Office Address

1825 PONCE DE LEON BLVD

Suite, Apt. #, etc.

#116

Suite, Apt. #, etc.

#116

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

USA

Zip

33134

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/25/2002

5. FEI Number

27-0380844

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

MARTIN ALVAREZ

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

1825 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

#116

City

CORAL GABLES

State

FL

Zip Code

33134

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Martin Alvarez*

Date JUNE 17, 2009

REGISTERED AGENT MUST SIGN

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
PD	MARTIN ALVAREZ	1825 PONCE DE LEON BLVD #116	CORAL GABLES FL 33134

REINSTATEMENT

07-09

12-2/18/09

300157416373  
06/18/09--01022--004 \*\*450.00

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 contained in Chapter 119, 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:

*Martin Alvarez*

JUNE 17, 2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #