

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**'APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV 20 AM 9:10

DOCUMENT # **V47819**

1. Corporation Name

**YACHT KEEWAYDIN CORPORATION**

Principal Place of Business

% JOSEPH G. FOGG, III  
4295 CUTLASS LANE  
NAPLES FL 33940

Mailing Address

% JOSEPH G. FOGG, III  
400 POST AVENUE, SUITE 404  
WESTBURY NY 11590



**REINSTATEMENT** 97

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

07/02/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0343572

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	FOGG, JOSEPH G. III	1251 AVENUE OF AMERICAS	NEW YORK NY
VP	VALLERGA, SCOTT T	4295 CUTLASS LANE	NAPLES FL
ST	<del>CARROLL GARMEN</del> MARY LOU RYBICKI	<del>46 CHAPEL HILL DRIVE</del> 154 Fallwood Parkway	<del>BRENTWOOD N</del> Farmerdale, NY
AS	MAASS, ROBB R	321 ROYAL POINCIANA PLAZA	PALM BCH FL
			900002354799-6 -11/21/97--01118--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MAAS, ROBB R.  
321 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

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

REGISTERED AGENT MUST SIGN

Date

11/11/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on Intangible tax.)

12. 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:

Joseph G Fogg III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/97

Date

516 333 0218

Daytime Phone #

CR20040 (8/97)