

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P04000016202

1. Corporation Name **D & J YACHT SERVICES, INC.**

2. Principal Office Address - No P.O. Box #  
**21728 Wapford Way**

Suite, Apt. #, etc.

City & State  
**Boca Raton, FL**

Zip Country  
**33486 USA**

3. Mailing Office Address  
**P. O. Box 273893**

Suite, Apt. #, etc.

City & State  
**Boca Raton, FL**

Zip Country  
**33427 USA**

**7. Name and Address of Current Registered Agent**

Name  
**Dale D. Spidle**

Street Address (P.O. Box Number is Not Acceptable)  
**21728 Wapford Way**

Suite, Apt. #, Etc.

City State Zip Code  
**Boca Raton FL 33486**

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 \_\_\_\_\_ Date \_\_\_\_\_  
**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
DPS	Dale D. Spidle	21728 Wapford Way	Boca Raton, FL 33486

10. E-mail Address: **dj710215@gmail.com**

(To be used for future annual report notification)

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. I further certify 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:** *Dale D. Spidle* **Dale D. Spidle** **5/31/10** **954-254-6333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**10 JUN -3 AM 8:11**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**900181665479**  
**06/03/10--01018--012 \*\*450.00**

**REINSTATEMENT 08-10**  
**CR2E081 (4/10)**

4. Date Incorporated or Qualified To Do Business in Florida **01/21/04**

5. FEI Number **20-0663792** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

**PROFIT CORPORATIONS ONLY**

☒ The \$600.00 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.