

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**APPROVED AND FILED**

1997 JUN 18 PM 1:31

SECRETARY OF STATE

Read Instructions on Other Side Before Making Entries  
 Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT #319463**  
**Boca Raton Yacht and Tennis Liquidation Corp.**  
 399 N.W. Second Avenue  
 Boca Raton, Florida 33432

2. If Address in Block 1 is in effect in any way, enter the correct address below:

Address  
 City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address  
 City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida  
**August 7, 1967**

5. FEI Number  
**36-6196421**

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED

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
P.S.D.	Richard L. Schmidt	399 N.W. Second Avenue	Boca Raton, FL 33432

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 -06/20/97--01011--015  
 \*\*\*1636.25 \*\*\*1636.25

**REINSTATEMENT** 91-287  
 6/18/97

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

Richard L. Schmidt  
 399 N.W. Second Avenue  
 Boca Raton, Florida 33432

9. If changed, new registered agent / office

Name  
 Street Address (Do NOT Use P.O. Box Number)  
 Street Address (Do NOT Use P.O. Box Number)  
 City State Zip  
 FL.

10. By being appointed the registered agent of the above named corporation, I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Richard L. Schmidt*

REGISTERED AGENT MUST SIGN

Date **6/17/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director *Richard L. Schmidt*

Date **6/17/97**

Daytime Phone # **561/392-4717**

Typed or printed name of signing officer or director **Richard L. Schmidt**