

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 31 AM 10:17

DOCUMENT # 526718

1. Corporation Name

Yacht Air, Corp.

2. Principal Office Address

551 Northeast 28 Court

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33064

Country

USA

3. Mailing Office Address

551 Northeast 28 Court

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33064

Country

USA

REINSTATEMENT 78-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/22/77

5. FEI Number

59-1725151

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **XX**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jerry D. Stapella

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

251 Avalon Avenue

Suite, Apt. #, Etc.

City

Lauderdale-By-The-Sea

State

FL

Zip Code

33308

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**

[Signature of Jerry D. Stapella]

Date

5/27/00

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
P/D	Jerry D. Stapella	251 Avalon Avenue	Lauderdale-By-The-Sea, FL 33308
S/T/D	Edna R. Stapella	251 Avalon Avenue	Lauderdale-By-The-Sea, FL 33308

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/00

Date

954-781-7040

Daytime Phone #