

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 526718

1. Corporation Name

YACHT AIR, CORP.

Principal Place of Business

551 NORTHEAST 28 COURT  
POMPAÑO BEACH FL 33064

Mailing Address

551 NORTHEAST 28 COURT  
POMPAÑO BEACH FL 33064

REINSTATEMENT 03



100023665491  
11/13/03--01058--017 \*\*195.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

333 SW 14 AVE

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

USA

3. New Mailing Office Address, If Applicable

333 SW 14 AVE

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/22/1977

5. FEI Number

59-1725151

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	STAPELLA, JERRY D	251 AVALON AVENUE	LAUDERDALE-BY-THE-SEA FL 33308
STD	STAPELLA, EDNA R	251 AVALON AVENUE	LAUDERDALE-BY-THE-SEA FL 33308
			100023665491

8. Name and Address of Current Registered Agent

VAN HEMEL, MARY K  
5011 NW 99TH TERR  
CORAL SPRINGS FL 33076

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. or 617.0505, F.S.

Signature of  
Registered Agent

MARY K VAN HEMEL  
REGISTERED AGENT MUST SIGN

Date

10/23/03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-03 (954) 7817440

CR2E040 (7/03)