PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 2004 8:0(
Secretary of State

DOCUMENT # F01000005010

1. Corporation Name

NORTH WIND YACHTS, INC

REINSTATEMENT 03/04

2. Principal Office Address		3. Mailing Office Address	
2100 SALZEDO ST.		2100 SALZEDO ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE #300		SUITE #300	
City & State		City & State	
CORAL GABLES FL		CORAL GABLES	
Zip	Country	Zip	Country
33134	MIAMI-DADE	33134	MIAMI-DADE

4. Date Incorporated or Qualified To Do Business In Florida 09/04/01

5. FEI Number 94-3375641 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
ENRIQUE RIBOT

Street Address (P.O. Box Number is Not Acceptable)
2100 SALZEDO STREET

300003555183
05/06/04--01021--027 **90.00

Suite, Apt. #, Etc.
SUITE #300

City: CORAL GABLES | State: FL | Zip Code: 33134

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 _____ (REGISTERED AGENT MUST SIGN) Date 04/29/04

CR2E061 (01/04)

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	ALFREDO NICOLAS	2100 SALZEDO ST. #300	CORAL GABLES, FL 33134
S	ESTEBAN RIBOT	2100 SALZEDO ST. #300	CORAL GABLES, FL 33134
T	ELENA RIBOT	2100 SALZEDO ST.,#300	CORAL GABLES, FL 33134
D	ENRIQUE RIBOT	2100 SALZEDO ST. #300	CORAL GABLES, FL 33134

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: _____ ENRIQUE RIBOT 04/29/04 305 444-3223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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