APPLICATION FOR REINSTATEMENT	ALL INSTRUCTION FLORIDA DEPARTM Sandra B. M. Secretary of DIVISION OF CORE	ENT OF STATE ortham f State	COMPLETING THIS FORM.	
DOCUMENT # F35971			98 DEC 14 PM 2: 00	
ADMIRALTY YACHT SECUICE, INC			SECRETARY UP STATE TALLAHASSEE, FLORIDA	
Principal Place of Business  ##95 S.BAYSHOLE  9  ##AM/, FL 33/33 -7:  If above addresses are incorrect in any way, line the	- J.	L 33133-739		
New Principal Office Address, If Applicable	3. New Mailing Office Address,	If Applicable	Date Incorporated or Qualified     To Do Business in Florida	
Suite, Apt. #, etc.  City & State			5. FEI Number 5 922 0330 9	Applied For
Zip Country	Zip Cour	ntry .	6 \$8.75 Add	Not Applicable 
7. Names and Street Addresses of Each Officer and	//or Director (Florida nonprofit corpt	orations must list at leas		uncare of Status
Title(s) Name of Officers and/or Directors	3 (Do NOT	Street Address of Each Officer and/or Director Use Post Office Box Nu	City / State / Zip	>
PD CRISPIN, SAM	REINSTATEM	IENT A	B 12/15/	18-739 18
***			60000272060 -12/23/9801046 *****758.75 ***	3005
8. Name and Address of Current		· · · · · · · · · · · · · · · · · · ·	9. Name and Address of New Registered Agent	
CRISPIN, SAMUEL 2415 S. BAYSHAVE	3.	Name 89		
MIAMI, FL. 33133-739		Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.		
		City		
10. I, being appointed the registered agent of the abo	by e named corporation, am familiar v	with and accept the obli	FL	
Signature of Registered Agent	20075050 40547 44107 0104		Date	99
11. This corporation owes or ha Intangible Personal Proper		ear Yes 🔲	No TAKES WEKE (See other side for info  No PENDING on international states	OWED TORAPOR
this reinstatement application, the reason for disso owed by the corporation have been paid and the ron this application is true and accurate, and my significant to the second securate and my significant to the second sec	olution has been eliminated, the corp names of individuals listed on this for	orate name satisfies the rm do not qualify for an fect as if made under or		, that all fees mation indicated
SIGNATURE: SIGNATURE AND TYPE OR PRI	NTED NAME OF SIGNING OFFICER OR	DIRECTOR	10 Dec. 98 305-85 Date Dayline Pho	7-2070

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