

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 15 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12132006 REIN-P CR2E098 (11/05)

DOCUMENT # F86045 1. Entity Name ATLANTIC YACHT BROKERS, INC.	
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Principal Place of Business % RICHARD ERISMAN 854 S FEDERAL HWY POMPANO BEACH, FL 33062	Mailing Address % RICHARD ERISMAN 854 S FEDERAL HWY POMPANO BEACH, FL 33062
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2. Principal Place of Business 300 S. FEDERAL HWY Suite, Apt. #, etc.	3. Mailing Address 300 S. FEDERAL HWY Suite, Apt. #, etc.
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City & State Pompano Beach, FL	City & State Pompano Beach, FL		
Zip 33062	Country USA	Zip 33062	Country USA

4. FEI Number 59-2267263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ERISMAN, RICHARD
 854 SOUTH FEDERAL HIGHWAY
 POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: DATE: **12/19/06**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERISMAN, RICHARD 801 SE 4TH AVE POMPANO BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERISMAN, DEBRA 801 SE 4TH AVE POMPANO BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B n/15/06 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STATEMENT OF <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">600082572756</div> 12/15/06--01043--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with or without other like empowered.

SIGNATURE: Date: **12/19/06** Daytime Phone: **954 325 6100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR