PLEASE READ	ALL INSTRUCTI	ONS BEFORE C	OMPLETT	NG THIS FURIN.
APPLICATION FOR	FLORIDA DEPARTMENT OF STA Katherine Harris Secretary destate:			FILED
REINSTATEMENT		CORPORATIONS		60 JAN -6 AM 8: 34
DOCUMENT # F940000 4363			•	
SEMINOLE YACHT CENTER INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
			Va-	
Principal Place of Business 2208 TOLEWILD R	Mailing Address D. Ge 3	5 3, 1347 8	160	
PALM BEACH GARDENS, MILWAUKER,				
FLORIDA 33410 WISCONSIN 53221 If above addresses are incorrect in any way, line through incorrect information and enter correction below.			MEINS	STATEMENT 97-00
New Principal Office Address, If Applicable	The state of the s		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc.		5. FEI Number Applied For	
-City & State	- City & State		6. — Siller room	
Zip Country	Zip	Country	<u> </u>	OF STATUS DESIRED The state of
7. Names and Street Addresses of Each Officer and Name of Officers	/or Director (Florida nonprofi	t corporations must list at lea Street Address of Each Officer and/or Director	١ .	City / State / Zip
Title(s) and/or Directors	_	NOT Use Post Office Box	Numbers)	4
P FRANK P. GILL	FFRE lolo		2011	MILWAUKEE, WI 5322
VP DOMINICJ. GI		_	St	miluajules wis322!
TRANK CONCUERCE CONTROL				
S DOMINICJ. GIU	FFRE 663	S & 13th	,	miluagle wissall
				000031285925 -02/08/0001134030 ***1050,00***1050,00
				***1030.00 ***1030.00
o. Name and Address of Outlone Hegisteries Agent			9. Name and A	Address of New Registered Agent
NICHOLETTE G. REINHARDT Street Address (P.O. Box Number is Not Acceptable)				
2208 LDLEWILD ROAD 200009128592				
PALM BEACH GARDENS,			··	****150.00 *****150.00 State Zip Code
FLORIA 33410 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.				
Signature of Registered Agent Processing Agent Must Sign				
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No M (See other side for information on intangible tax.)				
43. A continuity that I am an efficiency 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 filling				
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 indicates on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE 12/16/99 747-7200				
SIGNATION WOLLD FRANK Y. GILFFRE 12/16/99 147-7200				

Daytime Phone #

Date

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR