

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **G65783**

1. Corporation Name

TROPICAL YACHT SALES, INC.

Principal Place of Business

Mailing Address

**8880 BISCAYNE BOULEVARD
MIAMI SHORES FL 33138-0343**

**8880 BISCAYNE BOULEVARD
MIAMI SHORES FL 33138-0343**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2338399

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	WILDSTEIN, LARRY	8880 BISCAYNE BOULEVARD	MIAMI SHORES FL 33138
S	WILDSTEIN, DIANE	8880 BISCAYNE BOULEVARD	MIAMI SHORES FL 33138

300023970473

10/21/03--01062--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Z
GOUZ, LOUIS - - - GOUZ, LOUIS
7522 WILEE RD
POMPANO BEACH FL 33067**

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

REGISTERED AGENT MUST SIGN

Date **10-15-03**

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)(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:

Larry Wildstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03
Date

305-302-1646
Daytime Phone #

CR2ED40 (7/03)

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**Tropical Yacht Sales, Inc.
8880 Biscayne Boulevard
Miami Shores, Florida 33138-0343**

October 10, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314-6327

Ref: Tropical Yacht Sales, Inc. - FEI# 59-2338399

Dear Sir or Madam:

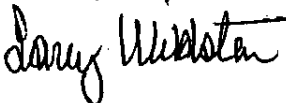
I have just received the Notice of Administrative Dissolution or Revocation form from the Florida Department of State for Tropical Yacht Sales, Inc. This was a shock to me that this had not been previously filed for the 2003 year. I am not sure whether the prior reports had been received. There has been a great deal of turnover and upheaval at the offices where these would have been mailed and no one has brought this to my attention previously.

During the last several months, I have been recovering from quadruple bypass heart surgery and my business interests have suffered in my absence. It has been a rough year and a half for my business.

I have completed the Application for Reinstatement form and enclosed \$150.00. I would kindly ask that you waive the reinstatement fee, since I cannot be sure whether the prior notices were received.

Thank you for your consideration.

Sincerely,



Larry Wildstein
President