

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H14727

1. Corporation Name

Richard A. Goffert Associates, Inc.
d/b/a Pilot Yachts

Principal Place of Business

Mailing Address

1635 S. Miami Road
Suite #3
Fort Lauderdale, FL 33316

(Same)

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

Same as above
Suite, Apt. #, etc.

Same as above
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2438838

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVP SIT	ANTONIO D'AGUIAR	1635 S Miami Rd, #3 Fort Lauderdale, FL 33316	Fort Lauderdale, FL 33316

4000002795234--6

-03/05/99--01005--013

****900.00 ****900.00

4000002795234--6

-03/05/99--01005--014

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Staci H. Genet
1303 Southeast 3rd Avenue
Ft. Lauderdale, FL 33316

Name

Same

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

2375 NE 19th St

Suite, Apt. #, Etc.

SUO

City

Aventura

State

FL

Zip Code

33150

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax)

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO J. AGUIAR

Date

2/22/99

Daytime Phone #

954
5255711