

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL -3 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H23616

1. Corporation Name

EASTERN YACHT SALES, INC.

Principal Place of Business

1177 AVE. C
RIVIERA BEACH FL 33404

Mailing Address

1177 AVE. C
RIVIERA BEACH FL 33404

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1984

5. FEI Number

59-2456213

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	ROTENBERG, JON	235 OCEAN TERRACE	PALM BEACH FL
EV	GODDARD, EDWARD	1692 39TH ST	WEST PALM BCH FL
VP	GABRET, ALMEIDA	17982 TIDEWATER CIR	JUPITER FL
Vp	Fokke De Jong	1023 10th Court	Palm Beach Gardens, FL 33410
			700003329157--9
			-07/20/00--01013--015
			****908.75 ****908.75

8. Name and Address of Current Registered Agent

JAMES, KEITH
1655 PALM BEACH LAKES BLVD
STE 810
W PALM BCH FL 33401

9. Name and Address of New Registered Agent

Name

Keith A. James, Esq.

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

222 Lakeview Avenue, Suite 800

Suite, Apt. #, Etc.

Suite 800

City

West Palm Beach

State

FL

Zip Code

33401

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 6/9/2000

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 327-844-1100