PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

01 JUL 27 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # J56241

1. Corporation Name

Yellow Jacket Marina, Inc.

2. Principal Office Address	3. Mailing Office Address
P.O. Box 220	- Same -
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. - Same -
City & State Old Town, FL	City & State - Same -
Zip 32680 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1987

5. FEI Number 593034461 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Richard E. Corbin

Street Address (P.O. Box Number is Not Acceptable): County Rd. 349 So.

Suite, Apt. #, Etc.: Yellow Jacket Landing

City: Old Town State: FL Zip Code: 32680

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Richard Corbin Date: 7/27/2001

REGISTERED AGENT MUST SIGN

CR2E031 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Richard E. Corbin	County Rd. 349 So.	Old Town, FL 32680
			900004510319--0
			07-01-01 01012 004
			***1058.75 ***1058.75

10. 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: Richard Corbin 7/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #