APPROVED AND PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	т 🗱		DEPARTMENT OF STATE Katherine Harris Secretary of State ISION OF CORPORATIONS	TE	,	IL 3 PM I2: 02 ETARY OF STATE HASSEE, FLORIDA		
DOCU		5682	67	· · · · · · · · · · · · · · · · · · ·		MLLA)	HASSEE, FLORIDA		
	Agch,	t Basi	in, Ir	NC.		600	007113;	296	
2. Principal Office Address			3. Mailing C	Office Address			-08/14/020 ****900.00	1067009	
2931 Hidden Hollow Road			•	Same	The		****JUD.UD	****300.0	
Suite, Apt. #	≠, etc.	·	Suite, Apt. #,	etc		-:	-15-4		
City & State			City B Charles		4. Date incor To Do Bus	porated or Quiness in Florid		37	
City & State	ب .		City & State		5. FEI Numb			Applied For	
Zip			Zip Country		6.	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
			7. N	Name and Address of Current Reg	gistered Agent				
	Name Emmanuel Kaluris								
÷	Street Address (F	P.O. Box Number is N	ot Acceptable)			•			
<u>.</u>	293 Suite, Apt. #, Etc		<u>Hollou</u>	Hollow Rd.				_	
,	Suite, Apr. #, Etc.	Suite, Apr. 9, Etc.							
City Davie						State Zip Code FL 33328			
8. I, being	appointed the regist	tered agent of the good	ve named corpo	pration, am familiar with and accept	the obligations of secti	on 607.0505	or 617.0503, F.S.	1 (9/01	
Signature of Registered		RI	GISTERED AG	ENT MUST SIGN		Date	7/23/02	CR2E081 (9/01)	
9. Names	and Street Address	es of Each Officer an	1/or Director (Flo	orida nenprofit corporations must list	t at least 3 directors)				
Titles	Offic	Name of cers and/or Directors		Street Address of Officer and/or Di					
D/p Emmanuel Kalu		icis :	2931 Hidden Holl	ow Rd.	Davi	e, FL 333	28		
						!			
							.		
this rein owed b	nstatement application y the corporation ha	on, the reason for diss ve been paid and the	olution has been names of individi	npowered to execute this application a eliminated, the corporate name satuals listed on this form do not qualifive the same legal effect as if made	tisfies the requirements y for an exemption und	of section 60	7.0401 or 617.0401, F.S., t	hat all fees	
SIGNAT	TURE:		15			1/23/02	•		
J. J. 177 (***	IRE AND TYPED OR PR	INTED NAME OF S	SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone i	*	

LAW OFFICES OF JEFFREY BEGENS, P.A.

FLAGLER SQUARE 1850 FOREST HILL BOULEVARD, SUITE 202 WEST PALM BEACH, FLORIDA 33406

TELEPHONE: 561-966-6480

E-MAIL: jjbegens@bellsouth.net

FACSIMILE: 561-966-6495

July 23, 2002

Eula Peterson

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attn:

Reinstatement

To Whom It May Concern:

My client wishes to reinstate the following three corporations:

- 1. U.S.A. Catamaran, Inc.
- 2. Yacht Basin, Inc.
- 3. U.S. Avenger, Inc.

Last year, my client was evicted from his premises. My client informed me that he did not receive a UBR to renew the above three corporations. He never received any information.

I understand that it will cost:

\$300.00 to reinstate U.S.A. Catamaran, Inc.

\$300.00 to reinstate Yacht Basin, Inc.

\$450.00 to reinstate U.S. Avenger, Inc.

I previously sent you check no. 5703 on June 4, 2002 for \$158.75 [attached] as partial payment to reinstate U.S.A. Catamaran, Inc. (\$8.75 was for the certificate of good standing), even though the total amount due was \$300.00. You cashed this check [on 6/18/02---01 068 007 158.75].

Enclosed find a check for \$900.00, payable to the Department of State.

Please reinstate the above three corporations.

Jeffrey Regens,

I, Emmanuel Kaluris, never received a UBR for the above three corporations.									
Al F	7/23/02								
Emmanuel Kaluris	Date								