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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. # 1350.00

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

93 JAN 15 AM 10:36

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

SECRETARY OF STATE

1. Name and Mailing Address of Corporation: DOCUMENT # K21150

Atlantic Pacific Sailing Yachts, Inc.
2244 S.E. 17th St
Ft Lauderdale
Florida 33316

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

4-1-88

5. FEI Number

65-0123271

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
Pres	Irene Hanson	1730 S.W. 30th Pl	Ft Lauderdale FL 33315
			900002406009--8 -01/21/98--01014--027 ***1350.00 ***1350.00
			REINSTATEMENT 94-98
			SL 1-16-98

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Irene Hanson
1730 S.W. 30th Pl
Ft Lauderdale
33315 FLA

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State Zip
FL.

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 Irene Hanson
REGISTERED AGENT MUST SIGN

Date 12-31-97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director Irene Hanson Date 12-31-97 Daytime Phone # 954-463-7651

Typed or printed name of signing officer or director Irene Hanson

CR2E040 (3-92)