

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 18 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K81681**

1. Corporation Name

PARROTT & HARRIS YACHT & SHIP SALES INC

2. Principal Office Address

1300 SE 17TH ST.

Suite, Apt. #, etc.

SUITE 222

City & State

FT LAUDERDALE

Zip

33316

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT **916-00**

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

1986

5. FEI Number

65-0112236

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEPHEN LAKASCHUS

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

1467 SW 18TH AVE

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33312

600003274936-2

-06/02/00--01053--016

*****1350.00 ***1350.00**

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

[Signature]

Date

5/14/00

REGISTERED AGENT MUST SIGN

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
PRESIDENT	ROGER DEMAREST	3240 SPANISH RIVER DA	ROMANA BEACH FLORIDA 33062
VICE PRESIDENT	STEPHEN LAKASCHUS	1467 SW 18TH AVE	FT LAUDERDALE FLORIDA

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN LAKASCHUS

Date

5/01/00

Daytime Phone #

954-523-9700

KE

CR2E081 (3/99)