

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:06

DOCUMENT # **L02000009069**

1. Corporation Name

INTRACOASTAL YACHTS

2. Principal Office Address

6805 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

#130

3. Mailing Office Address (Same)

BLVD

Suite, Apt. #, etc.

(Same)

City & State

TAMARAC, FL

City & State

-

Zip

33319

Country

USA

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

4/16/2002

5. FEI Number

03-0461572

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

ADRIANNA SMITS

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

4506 KING PALM DRIVE

Suite, Apt. #, Etc.

City

TAMARAC

State
FL

Zip Code

33319

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

Adrianna W. Smits

Date

4/13/06

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
PRES	ADRIANNA SMITS	4506 KING PALM DR	TAMARAC, FL 33319
VICE PRES	ARTHUR JAMES DEBBE	4506 KING PALM DR	TAMARAC, FL 33319

REINSTATEMENT **03-06**

700075105907

05/23/06--01055--016 **300.00

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 contained in Chapter 119, 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:

Adrianna W. Smits

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIANNA SMITS

4/13/06

Date

9547149212

Daytime Phone #