PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

APPLICATION FOR 95-96 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 NOV 12 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L19332

1. Corporation Name: Northeast Yacht Charters

600002005186--2
-11/14/96--01109--004
****583.75 ****583.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1110 Brickell Avenue Seventh Floor Miami, Florida 33131	1110 Brickell Avenue Seventh Floor Miami, Florida 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
1110 Brickell Avenue	1110 Brickell Avenue
Suite, Apt. #, etc.: Seventh Floor	Suite, Apt. #, etc.: Seventh Floor
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: September 29, 1989

5. FEI Number: 65-0147354 ☐ Applied For ☐ Not Applicable

6. 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
P	James Edmiston	1110 Brickell Avenue, 7th Floor, Miami, Florida 33131	Miami, Florida 33131

REINSTATEMENT 1996

11-12-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Manuel F. Fente, Esq. 1110 Brickell Avenue, Seventh Floor Miami, Florida 33131	Name: Manuel F. Fente, Esq. Street Address (P.O. Box Number is Not Acceptable): 1110 Brickell Avenue Suite, Apt. #, Etc.: Seventh Floor City: Miami State: FL Zip Code: 33131

CR2E040(12/95)

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: _____ Date: 11-7-96
REGISTERED AGENT MUST SIGN

11. 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.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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: _____ 11/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #