

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RECEIVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -3 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L37003**

1. Corporation Name

USA YACHTS, INC

2. Principal Office Address

3735 SW 8 ST

Suite, Apt. #, etc.

201

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

3735 SW 8 ST

Suite, Apt. #, etc.

201

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

REINSTATEMENT 9503

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

12/15/1989

5. FEI Number

65-0165717

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

CHRISTINE MARTINEZ

800024386978

11/03/03--01087--026 **1950.00

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

3735 SW 8 ST # 201

Suite, Apt. #, Etc.

201

City

CORAL GABLES

State

FL

Zip Code

33134

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]

REGISTERED AGENT MUST SIGN

Date

10/31/03

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
P	CHRISTINE MARTINEZ	3735 SW 8 ST # 201	CORAL GABLES, FL 33134

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]

CHRISTINE MARTINEZ - PRESIDENT 10/31/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)