

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L63226

1. Corporation Name

Yachting Consultants International Inc.

WOL-34347

2. Principal Office Address

1126 S. Federal Hwy

Suite, Apt. #, etc.

318

City & State

Ft Lauderdale FL

Zip

33316

Country

USA

3. Mailing Office Address

1126 S. Federal Hwy

Suite, Apt. #, etc.

318

City & State

Ft. Lauderdale FL

Zip

33316

Country

USA

REINSTATEMENT 98-62

4. Date Incorporated or Qualified
To Do Business in Florida

April 6, 1990

5. FEI Number

650185751

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

John Terrill

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

1126 S Federal Hwy

Suite, Apt. #, Etc.

Suite 318

City

Ft Lauderdale

400009326044

12/03/02--01070--018 **8.5

400009326044

12/03/02--01070--017 **1350.00

State

FL

Zip Code

33316

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

John A. Terrill
REGISTERED AGENT MUST SIGN

Date 11/27/02

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
<u>P/D/T</u>	<u>John A. Terrill</u>	<u>1126 S. Federal Hwy # 318</u> <u>Ft. Lauderdale FL 33316</u>	<u>Ft. Lauderdale / FL / 33316</u>
<u>S/D/V/P</u>	<u>Agnes E. Howard</u>	<u>1126 S. Federal Hwy # 318</u>	<u>Ft. Lauderdale / FL / 33316</u>

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:

John A. Terrill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/02 954 224-5847
Date Daytime Phone #

CR2E081 (9/01)