


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L69997</u>			
1. Corporation Name <u>GRAND YACHT CLUB INC.</u>			
2. Principal Office Address <u>919 N. BIRCH RD.</u>		3. Mailing Office Address <u>919 N. BIRCH RD.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>FT. LAUDERDALE FLORIDA</u>		City & State <u>FT. LAUDERDALE FLORIDA</u>	
Zip <u>33304</u>	Country <u>BROWARD</u>	Zip <u>33304</u>	Country <u>BROWARD</u>

FILED
06 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-06
CR2E081 1120
Date Incorporated or Qualified To Do Business in Florida 4/30/1990

5. FEI Number <u>65-0342046</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent		
Name <u>MIKE SIBLEY</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>919 N. BIRCH RD.</u>		
Suite, Apt. #, Etc.		
City <u>FT. LAUDERDALE</u>	State <u>FL</u>	Zip Code <u>33304</u>

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

Michael D. Sibley

REGISTERED AGENT MUST SIGN

Date 3/23/06

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	Michael D. Sibley	919 N. Birch Rd.	FT. LAUDERDALE FL 33304
V.P.	Dominic Pugliese T	887 COUNTRY CLUB DR.	N. PALM BEACH FL.
Treasurer	Michael G. Macs T	3688 ENCANTO DR.	FT. WORTH TX 76109
Secretary	R. B. Lewis T	452 N. LAUREL DR.	MARGATE FL 33063

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:

Michael D. Sibley Michael D. Sibley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06
Date

854-614-1455
Daytime Phone #