

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

FILED

99 JAN 22 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
LIBERTY YACHT SALES & EXPORT, INC.
DOCUMENT # L70452
1. Corporation Name

Principal Place of Business
629 N.E. 3RD STREET
DANIA FL 33004
US

Mailing Address
629 N.E. 3RD STREET
DANIA FL 33004
US

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
05/04/1990

5. FEI Number
65-0191333

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee Required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PT	COOPE, GERARD	801 SE 16TH CT.	FT. LAUDERDALE FL 33316
			500002755665-8 -01/26/99--01100--022 ****150.00 ****150.00
			500002755665-8 -01/26/99--01100--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent
COOPE, GERARD
801 SE 16TH CT.
FT. LAUDERDALE FL 33316

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 Gerard Coope **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible tax.)

12. 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: Gerard Coope **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

202

LIBERTY YACHT SALES

ROYAL PALM YACHT BASIN

629 N.E. 3rd Street
Dania, Florida 33004

Phone: (954) 920-0117

Facsimile: (954) 920-1122

12/07/98

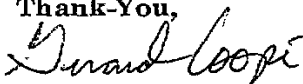
To whom it may concern,

Please be advised that I called your office on approximately 7/01/98 and notified them that I never received a bill for payment. They instructed me to write a letter explaining this and that I should include payment. I wrote a letter and made a check out on 7/03/98, check # 1925 for \$150.00.

I now received a letter for dissolution and called again on 12/07/98. The secretary told me I should write another letter and staple it with payment because they did not receive the letter and had sent my check back.

I have looked through my statements and did not find check # 1925. At this time I am sending another payment. If for some reason you are able to locate my previous check, please mail it back to our office. If there are any questions I can be reached at 954-920-0117.

Thank-You,



Gerard Coope

(Enclosed is a copy of my statement showing missing check.)