

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Batterman, Harris
Secretary of State
DIVISION OF CORPORATIONS

98-99AR

DOCUMENT # M48515

1. Corporation Name

Infinity Yachts, Inc.

98-99AR

Principal Place of Business

Mailing Address

601 NE 26th Court

601 NE 26th Court

Pompano Beach, FL

Pompano Beach, FL

33064

33064

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/17/87

5. FEI Number

Applied For

65-0191462

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☐ ~~Standard~~ ☐ Expedited

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
PD	Schoell, Harry L.	601 NE 26th Court	Pompano Beach FL
			200003092142--1 -01/07/00--01089--009 ****151.00 ****151.00
			200003092142--1 -01/07/00--01089--010 ****150.00 ****150.00
			W99000027299

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Schoell, Harry L.

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

601 NE 26th Court

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

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

Harry L. Schoell
REGISTERED AGENT MUST SIGN

Date

11-1-99

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry L. Schoell
HARRY L. SCHOELL

Date

11-1-99

Daytime Phone #

954-788-0810