

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY 20 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M55911

1. Corporation Name

King Yachts, Inc.

Principal Place of Business

Mailing Address

701 BRICKELL AVE
SUITE 1600
MIAMI FL 33131

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 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

5. FEI Number

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☒

See 7th 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Robledo, Antonio Agustin	701 BRICKELL AVE STE 1600	MIAMI FL 33131
D	Robledo, Delia Ethel	701 BRICKELL AVE SUITE 1600	MIAMI FL 33131
D	Adami, Adan	701 BRICKELL AVE SUITE 1600	MIAMI FL 33131
D	Degregorio, Eva Amalia A.	701 BRICKELL AVE STE 1600	MIAMI FL 33131
D	Robledo, Javier A.	701 BRICKELL AVE SUITE 1600	MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Pedro A. Martin
701 Brickell Avenue, Suite 1600
Miami, Florida 33131

Name
Pedro A. Martin, Esquire
Street Address (P.O. Box Number is Not Acceptable)
1221 Brickell Avenue
Suite, Apt. #, Etc.
City
Miami
Date
05/21/97
State
FL
Zip Code
33131

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

Pedro A. Martin
REGISTERED AGENT MUST SIGN

Date 5-16-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

J. Robledo
Pedro A. Martin

Date

Daytime Phone #

5-16-97 (305) 579-0545

CR20040 (12/95)