PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

2001 UBP

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

102

FILED
01 NOV -5 PM 5:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000001897

1. Corporation Name

B & S YACHT SALES INC.

Principal Place of Business	Mailing Address
508 INLET RD. NORTH PALM BEACH FL 33408	508 INLET RD. NORTH PALM BEACH FL 33408

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: 01/03/2000

5. FEI Number: 65-0970434 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WEAVER, BRIAN A	508 INLET RD.	NORTH PALM BEACH FL 33408

900004719399--1
-12/11/01--01084--015
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WEAVER, BRIAN A 508 INLET RD. NORTH PALM BEACH FL 33408	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/01)

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: B. C. Weaver Date: 10/12/01
REGISTERED AGENT MUST SIGN

11. 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: B. C. Weaver 10/12/01 561-308-0939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

202

October 12, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

On October 12, 2001, I received a letter stating my corporation was being revoked. After calling the Department of State, they informed me that they had previously mailed two other letters stating the same.

I have never missed a payment, or made a late payment my entire life. I am a law abiding citizen, and a registered voter. Unfortunately, as I stated before, I did not receive the first or second notice. If I had received the first notice, I would have paid it immediately, and as for the second, I would have called right away like I did when I received the letter on 10/12/2001.

I hope you can over look this and enclosed is my payment for $150.00 to reinstate my corporation.

Thank you in advance for you assistance in this matter.

Sincerely,

Brian Weaver