

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000016524

1. Corporation Name

RENDEZVOUS YACHT CHARTERS, INC.

2. Principal Office Address - No P.O. Box #

1111 Lincoln Road

Suite, Apt. #, etc.

4th Floor

City & State

Miami Beach, Florida

Zip

33139

Country

USA

3. Mailing Office Address

7380 Sand Lake Road

Suite, Apt. #, etc.

Suite 500

City & State

Orlando, Florida

Zip

32819

Country

USA

7. Name and Address of Current Registered Agent

Name

JOE WILLIAMS

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

7380 Sand Lake Road

Suite, Apt. #, Etc.

Suite 500

City

Orlando

State

FL

Zip Code

32819

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

REGISTERED AGENT MUST SIGN

Date **AUG 26TH, 2010**

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
P	GONZALEZ, ANGEL	1800 Pembroke Drive	Orlando, Florida 32810
VP	VAZQUEZ, DAYMAO	1800 Pembroke Drive	Orlando, Florida 32810
VP	GARZON, FABIAN	1800 Pembroke Drive	Orlando, Florida 32810
T	VALENZUELA, MARIO	1800 Pembroke Drive	Orlando, Florida 32810
S	JONES, THOMAS	1800 Pembroke Drive	Orlando, Florida 32810

10. E-mail Address: **VALENZUELAPA@ATT.NET**

(To be used for future annual report notification)

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, I further certify, 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

AUG 26TH, 2010

Date

Daytime Phone #

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG -3 AM 9:32

FILING CANCELLED
RETURNED CHECK

01-10
REINSTATEMENT

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida **02/11/2000**

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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