

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN -2 AM 11:49

DOCUMENT # P00000028906

1. Corporation Name

SDF YACHT SALES, INC.

2. Principal Office Address

2522 SE SAINT LUCIE BLVD

Suite, Apt. #, etc.

City & State

STUART FL 34996

Zip

FL

Country

USA  
MARTIN

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

34996

Country

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida

3/15/2000

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NEW  
SEAN D FENNIMAN

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

2522 SE SAINT LUCIE BLVD.

Suite, Apt. #, Etc.

City

STUART

THURLOW, THOMAS III

17 MARTIN L. KING BLVD

STUART FL

State

FL

Zip Code

34996

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

THOMAS THURLOW III  
REGISTERED AGENT MUST SIGN

Date

12/31/01

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/D	SEAN FENNIMAN	2522 SE SAINT LUCIE BLVD	STUART / FL / 34996

10. 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

12/31/01

Date

561 260 1628

Daytime Phone #

CR2E081 (9/00)