PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 13 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/27/02 01026 013 750.00

DOCUMENT # P00000041915

1. Corporation Name

PHOENIX YACHT CORPORATION

Principal Place of Business	Mailing Address
3391 S.E. 14TH AVENUE FT. LAUDERDALE FL 33316	P.O. BOX 350647 FT. LAUDERDALE FL 33335

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: 04/26/2000

5. FEI Number: 65-1069773 ☐ 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
D/P	HERNDON, CARL	~~3391 S.E. 14TH AVENUE~~ P.O. Box 350647	FT. LAUDERDALE FL ~~33316~~ 33335
V	Tierney, Larry	P.O. Box 350647	Ft. Lauderdale FL 33335
			DEC 19 2002
		ENTERED	

8. Name and Address of Current Registered Agent

~~HERNDON, CARL~~
~~3391 S.E. 14TH AVENUE~~
~~FT. LAUDERDALE FL 33316~~

9. Name and Address of New Registered Agent

Name: Larry Tierney
Street Address (P.O. Box Number Is Not Acceptable): 3391 SE 14th Ave.
Suite, Apt. #, Etc.
City: Ft Lauderdale State: FL Zip Code: 33316

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. or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 12/19/02.

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: [signature] L. Tierney — 12/19/02 — 954 [illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/02)