

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 10 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000050337

**1. Corporation Name**

CHERBOURG YACHT COMPANY

**REINSTATEMENT** 01-02

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

201 Alhambra Circle

Suite, Apt. #, etc.

Suite 901

City & State

Coral Gables, FL

Zip

33134

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5-17-2000

**5. FEI Number**

☒

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

Leonardo Gravier

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

201 Alhambra Circle

Suite, Apt. #, Etc.

Suite 901

City

Coral Gables

State

FL

Zip Code

33134

100005325081-6

-04/23/02-01025-019

\*\*\*\*900.00 \*\*\*\*900.00

**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

Date

4-5-2002

REGISTERED AGENT MUST SIGN

**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	Gabriel Chiuccariello	Darregeira 1340	Bahia Blanca, Argentina
VP=T	Enrique D. Caruso	Ave. Libertador 2785	Buenos Aires, Argentina

**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:**

Gabriel Chiuccariello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-2002

Date

(305) 446-3177

Daytime Phone #

CR2E081 (9/00)