

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000056840			
1. Corporation Name CUSTOM BOAT REPAIR, INC.			
Principal Place of Business 1110 GREEN PINE BLVD C-3 WEST PALM BEACH FL 33409		Mailing Address 1110 GREEN PINE BLVD C-3 WEST PALM BEACH FL 33409	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 204 DOVE CIRCLE Suite, Apt. #, etc. ROYAL PALM BEACH, FL City & State 33411 Country PALM BEACH		3. New Mailing Office Address, If Applicable 204 DOVE CIRCLE Suite, Apt. #, etc. ROYAL PALM BEACH, FL City & State 33411 Country PALM BEACH	
4. Date Incorporated or Qualified To Do Business in Florida 06/13/2000		5. FEI Number 65-1014463 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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	WILLIAMS, JOSEPH E	1110 GREEN PINE BLVD C-3	WEST PALM BEACH FL 33409
			100004706211--1
			-12/05/01--01059--015
			****150.00 ****150.00
			12/13
8. Name and Address of Current Registered Agent JORDAN, JOSEPH C/O JOSEPH JORDAN, P.A. 500 AUSTRALIAN AVE SOUTH STE 600 WEST PALM BEACH FL 33401		9. Name and Address of New Registered Agent Name WILLIAMS, JOSEPH E. Street Address (P.O. Box Number is Not Acceptable) 204 DOVE CIRCLE Suite, Apt. #, Etc. City ROYAL PALM BEACH State FL Zip Code 33411	
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 Date 10/15/01 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: JOSEPH E. WILLIAMS Date 10/15/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			

CUSTOM BOAT REPAIR, INC.
204 DOVE CIRCLE
ROYAL PALM BEACH, FL 33411
(561) 543-1074 CELL (561) 868-0949 RESIDENCE
(561) 333-5359 FAX

October 16, 2001

FLORIDA DEPARTMENT OF STATE
KATHERINE HARRIS
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RE: DOC # P00000056840
CUSTOM BOAT REPAIR, INC.

SUBJECT: APPLICATION FOR REINSTATEMENT

TO WHOM IT MAY CONCERN,

THE ENCLOSED CHECK (581) IS FOR *THE ANNUAL REPORT/UNIFORM BUSINESS REPORT*. WE RELIAZE THAT THIS FILING SHOULD HAVE BEEN DONE BEFORE SEPTEMBER 2001. THERE IS A VERY GOOD REASON FOR THIS LATE FILING AND WE WILL BE GREATFUL FOR YOUR CONSIDERATION ON THIS MATTER.

THE ATTORNEY THAT IS NOTED IN BOX #8 WHO WAS OUR REGISTERED AGENT, IS AT THIS TIME, BEING REMOVED.

WE HAVE NEVER RECEIVED ANY NOTICE, LETTER OR FORM UNTIL THIS NOTICE ARRIVE OCTOBER 12, 2001. WE HAD ASSUMED THAT MR. JORDAN WOULD ADVISE US OF ANY NEEDED FILINGS, DOCUMENTS AND MONEYS THAT MIGHT BE REQUIRED TO KEEP OUR COMPANY IN GOOD STANDING WITH THE STATE. UNFORTUNATLY WE WERE WRONG. WE ARE ASKING THAT YOU ACCEPT THIS MONEY THAT IS DUE AND REINSTATE OUR CORPORATION TO ITS ORIGINAL STATUS.

October 16, 2001

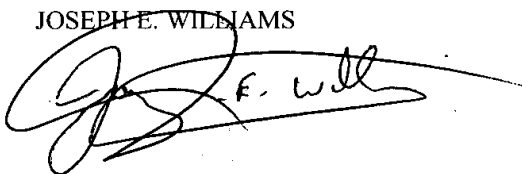
FLORIDA DEPARTMENT OF STATE

PAGE 2 OF 2

IF THERE ARE ANY QUESTIONS OR CONCERNS PLEASE CONTACT US
AT YOUR CONVEINCE. AND THANK YOU FOR YOUR CONSIDERATION IN
THIS MATTER. IT IS IMPORTANT TO US THAT WE REMAIN A CORPORATION
AND HAVE NEVER WANTED TO AVOID ANY FILINGS. THAT WAS ONE OF
OUR REASONS FOR HAVING AN ATTORNEY AS OUR REGISTER AGENT. SO
THIS VERY THING WOULD NOT HAPPEN.

SINCERELY,

JOSEPH E. WILLIAMS

A handwritten signature in black ink, appearing to read "J. E. Williams", is written over the printed name. The signature is stylized with a large, looping initial "J" and a long horizontal stroke extending to the right.

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085956

1. Entity Name

G.V.D. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

9050 PINES BLVD.

3. Mailing Address

9050 PINES BLVD.

Suite, Apt. #, etc.

450-F

Suite, Apt. #, etc.

450-F

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. FEI Number

65-1052410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DON GONZALEZ, P.A.

9050 Pines Blvd.

Suite 450-F

Pembroke Pines, FL 33024

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Don Gonzalez*

10-23-01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ, Juan Camilo
STREET ADDRESS 9050 Pines Blvd. Suite 450-F
CITY-ST-ZIP Pembroke Pines, FL 33024 ☐ Delete

TITLE VD
NAME VALENCIA, SANTIAGO
STREET ADDRESS 9050 Pines Blvd. Suite 450-F
CITY-ST-ZIP Pembroke Pines, FL 33024 ☒ Delete

TITLE BD
NAME DEL PORTILLO, JUAN PABLO
STREET ADDRESS 9050 Pines Blvd. Suite 450-F
CITY-ST-ZIP Pembroke Pines, FL 33024 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 700004706217-2
STREET ADDRESS -12/05/01--01059--016
CITY-ST-ZIP ****150.00 ****150.00

TITLE VD
NAME GONZALEZ, ANDRES
STREET ADDRESS 9050 PINES BLVD., Suite 450-F
CITY-ST-ZIP PEMBRKE PINES ☒ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Don Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-01 (954) 443-1594

Date

Daytime Phone #

10F2
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 19 PM 2:01

October 23, 2001

242

Florida Department of State
Division of Corporation
409 Gaines Street,
Tallahassee, FL 32399

Attn: Corporate Correspondence
RE: Reinstatement of G.V.D. Enterprises, Inc.
FEIN No. 65-1052410

Via Certified Mail
Via Fax
(850) 922-7105

To Whom It May Concern:


Pursuant to the letter received from the Department dated October 16, 2001, enclosed you will find copies of the UBR report and the reinstatement form for the year 2001 corresponding to the above-referenced corporation and properly signed by the registered agent.

We previously submitted a letter explaining that we never received the UBR report on time and therefore and according to the instructions stating in your recording, we send the proper forms, a letter explaining the cause for filing late along with a corporate check in the amount of \$300.00 (copies attached).

We believe that we have complied with the requirements from the DOS to reinstate the corporation, so please reinstate the above-mentioned corporation as soon as possible and should you have any questions, do not hesitate to contact me at the above corporate address.

Thank you very much for your help and cooperation.

Sincerely,

by: 
Juan Pablo del Portillo
Secretary

November 15, 2001

Florida Department of State
Division of Corporation
409 Gaines Street,
Tallahassee, FL 32399

Attn: Corporate Correspondence
RE: Reinstatement of G.V.D. Enterprises, Inc.
FEIN No. 65-1052410

Via Certified Mail
Via Fax
(850) 922-7105

To Whom It May Concern:

Pursuant to the letter received from the Department dated November 8, 2001, (copy attached) enclosed you will find check number 1209 replacing the missing check # 1184 in the amount of \$150.00.

Please reinstate this corporation as soon as possible and thank you very much for your help and cooperation.

Sincerely,


Juan Pablo del Portillo
Secretary