

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -4 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000063065

1. Corporation Name

RIVIERA YACHT CHARTER, INC.

REINSTATEMENT 01-03

700025224917
12/04/03--01018--021 **1050.00

2. Principal Office Address

3000 NW 48 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

3000 NW 48 TERRACE

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33313

Country

USA

Zip

33313

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1057567

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 STEVE LOGAN

Street Address (P.O. Box Number is Not Acceptable) 142 KAPOK CRESCENT

Suite, Apt. #, Etc.

City ROYAL PALM BEACH

State FL

Zip Code 33411

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 11-24-03

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
PSTD	RAYMOND GARCIA	10 RUE COSTE-CORAIL	CANNES, FRANCE 06400
VD	ALAIN BERLOZ ¹⁰²	3000 NW 48 TERRACE	FT. LAUDERDALE, FL 33313

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:

R. Garcia
RAYMOND GARCIA

11-21-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #