

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 21 AM 11:35

DOCUMENT # P00000076190

1. Corporation Name

Southern Cross Yachts International, Inc.
224 Commerical Blvd #305
Ft. Lauderdale, Florida 33308

2. Principal Office Address

224 Commerical Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

#305

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33308

Country

US

Zip

Country

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

8/11/2000

5. FEI Number
65-1032382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Alan Berliner

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

224 Commerical Blvd

Suite, Apt. #, Etc.

#305

City

Ft. Lauderdale, FL

State

FL

Zip Code

33308

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 11/14/05

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	Arthur G. Cook	224 Commerical Blvd #305	Ft. Lauderdale, FL 33308
VP	Billie Cook	224 Commerical Blvd #305	Ft. Lauderdale, FL 33308

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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

11/14/2005 954-202-0202

Date

Daytime Phone #

11/22/05