

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 OCT 31 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000080063

1. Corporation Name

COMMUTER YACHTS CONSULTING INC.

Principal Place of Business

Mailing Address

2225 SW 25TH AVE
MIAMI FL 33145

2225 SW 25TH AVE
MIAMI FL 33145

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2464 S.W. 22ND ST.

3. New Mailing Office Address, If Applicable

P.O. BOX 451135

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33145

Country
DADE

Zip
33245-1135

Country
DADE

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/2000

5. FEI Number

65-1050121

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
PD	PATTON, DONALD M	2225 SW 25TH AVE 2464 S.W. 22ND ST.	MIAMI FL 33145
VTD	JONES, ANTHONY T	11223 SW 114TH LANE CIR	MIAMI FL 33176

800004693748--0
-11/26/01--01078--001
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATTON, DONALD M
2225 SW 25TH AVE
MIAMI FL 33145

Name

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

2464 S.W. 22ND ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-23-01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-01