

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 APR 22 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 00000089921

1. Corporation Name
UNIVERSAL YACHT SYSTEMS, INC.

2. Principal Office Address - No P.O. Box # 1709 NE MEDIA AVE.		3. Mailing Office Address 1709 NE MEDIA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JENSEN BEACH, FL		City & State JENSEN BEACH, FL	
Zip 34957	Country U.S.A.	Zip 34957	Country U.S.A.

500151804045
04/22/09--01025--001 **450.00
CRZE001 (10/00)

4. Date incorporated or Qualified To Do Business in Florida **9/21/2000**

5. FEI Number **65-1060669** 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
MELISSA A. BRANDON

Street Address (P.O. Box Number is Not Acceptable)
1709 NE MEDIA AVE

Suite, Apt. #, Etc.


City
JENSEN BEACH

State
FL

Zip Code
34957

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

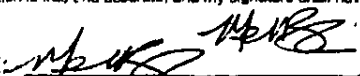
Signature of Registered Agent  Date **11/3/2008** **4/13/09**

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	JAMES B. WITHERS	1709 NE MEDIA AVE.	JENSEN BEACH, FL 34957
VP	MELISSA A. BRANDON	1709 NE MEDIA AVE.	JENSEN BEACH, FL 34957
REINSTATEMENT			
RH			

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 contained in Chapter 119, 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:  **MELISSA A. BRANDON** 772-486-5532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JCH/6