

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033151

1. Corporation Name

LUXURY YACHT INTERNATIONAL INC.

Principal Place of Business

2965 W STATE RD 84
FT LAUDERDALE FL 33312

Mailing Address

2965 W STATE RD 84
FT LAUDERDALE FL 33312

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

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-1088817

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
<i>Asst.</i>	<i>Linda L. Krantz, Pres.</i>	<i>2965 W. State Rd 84 1125 West Olive Street</i>	<i>FT. Lauderdale, Fl. 33312 SAN DIEGO, CA. 92103</i>
<i>V.P.</i>	<i>Thymon Van Waveren</i>	<i>2965 W. State Rd 84 1125 West Olive Street</i>	<i>FT. Lauderdale, Fl. 33312 SAN DIEGO, CA. 92103</i>

800009090128

11/20/02--01005--015 **750.00

8. Name and Address of Current Registered Agent

KRANTZ, LINDA L
2965 W STATE RD 84
FT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

SAME

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Linda L. Krantz, President
REGISTERED AGENT MUST SIGN

Date

11/18/02

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:

Linda L. Krantz, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/02

Daytime Phone #

619-236-0007
619-497-2950
954-584-1888

CR2E040 (8/02)