PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. & 15/2

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2006 DEC 15 AM II: 41 SECRETARY FLATE TALLAHASSEE, FLORIDA
DOCUMENT # 1) L YACHTING corp. PO1000019946		
2. Principal Office Address 32 60 Chape NV	32.60 chare AV	CR2E081 (12/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date incorporated or Qualified To Do Business in Florida 8 /2 4 /2001
City & States VIIAMI BeachA	FLOKIDA TIANIBEKI	5. FEI Number Applied For Not Applicable
*33140 * U BA	33140 USA	CERTIFICATE OF STATUS DESIRED 55.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. City Name 4/ES 2/ES 2/AT/1 Beach State Zip Code FL 37,140		
8. 1, being appointed the registered agent of the above named-composation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Date 12, 1812066		
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 Ea	ch City / State / 7in
l YVES In kew	3260 chas N.	87/AM/ Beach 33140
	2/19/24	100082573041 12/19/0601043010 **750.00
rangaria.	1 D 2 3 D L	
\$ \$7.0 (457,94k × 2	5 220	
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: Description of 617, F.S. I further certify that when filing 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 over 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.		
GIGNATURE AND TOPE OF SIGNING OFFICER OR CIRECTOR Date Dayline Phone #		

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3260 chon N.
Fliour' Deach 33140 Fel 305 302 1342 To Whom it concern please whire The reinstatement fre since I never recein the ourewol report notices since the company was open. with my outanoted thouks JUES Di Lelue prensleut of 401 Yachking cerp. Thus