

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

03 JAN -9 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086111

1. Corporation Name

MORETTI YACHTS INC.

Principal Place of Business

1413 SEAGRAPE CIRCLE
WESTON FL 33326

Mailing Address

1413 SEAGRAPE CIRCLE
WESTON FL 33326

02:03
UBR



02:03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2001

5. FEI Number

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	Joseph Moretti	1413 Seagrape Circle	Weston Florida 33326

800009996098
01/09/03--01062--001 **300.00
01/09/03 21052 001 **300.00

8. Name and Address of Current Registered Agent

MORETTI, JOSEPH
1413 SEAGRAPE CIRCLE
WESTON FL 33326

9. Name and Address of New Registered Agent

Name

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/5/03

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

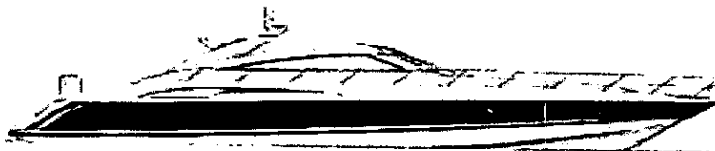
1/5/03

Daytime Phone #

CR2E040 (8/02)

B

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Moretti Yachts Inc.
Joseph Moretti
1413 Seagrape Circle
Weston, Florida 33326
Licensed – Bonded – Insured
www.moretti-yachts.com
[email:joe@moretti-yachts.com](mailto:joe@moretti-yachts.com)

786 251 5229 Tel

954 217 9454 Fax

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

1/4/03

To whom it May Concern,

Moretti Yachts, Inc. had temporarily changed their address due to construction in August of 2002. A change of address was filed. During the last ½ of 2002 the letter of dissolution or any notices there of were not received at the temporary address. However, it was just received at the current address and we are responding accordingly. Your understanding will be appreciated.

Enclosed is a check for the amount of \$300.00 for reinstatement and the year 2003.

Sincerely,

Joseph Moretti
President
Moretti Yachts, Inc.