

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2


FILED

05 JUN 10 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002-2005 Rn

5/5/04 01048 004 \$300.00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO1000098945</u>			
1. Corporation Name <u>HOPWOOD YACHT MANAGEMENT, INC.</u>			
2. Principal Office Address <u>2525 INLET DRIVE</u> Suite, Apt. #, etc. _____		3. Mailing Office Address <u>2525 INLET DRIVE</u> Suite, Apt. #, etc. _____	
City & State <u>FT. LAUDERDALE, FL</u>		City & State <u>FT. LAUDERDALE, FL</u>	
Zip <u>33316</u>	Country <u>USA</u>	Zip <u>33316</u>	Country <u>USA</u>
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number <u>05-1143736</u>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent	
Name <u>PETER HOPWOOD</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2525 INLET DRIVE</u>	
Suite, Apt. #, Etc. _____	
City <u>FT. LAUDERDALE</u>	State <u>FL</u>
Zip Code <u>33316</u>	

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 <u>X</u>	Date <u>5-20-05</u>
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
<u>P</u>	<u>Peter Hopwood</u>	<u>2525 INLET DRIVE</u>	<u>FT. LAUDERDALE 33316</u>

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 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: <u>X</u>	Date <u>5-20-05</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	

CR2E081 (01/05)

2012

Hopwood Yacht Management Inc.
2525 Inlet Drive
Ft. Lauderdale, Fl 33316

May 20, 2005

Secretary Of State
Division of Corporations
PO BOX 6327
Tallahassee, Fl 32314

Dear Michele Milligan,

As per our phone conversation yesterday.

As explained, I never received any correspondence from your office in 2002, as we have moved our office location to the above address. We attempted several times to correct this matter with your office; in fact your office has our check cashed for \$300. However, you explained that it was not reinstated at that time because of lack of the attached paperwork. I did attach the paperwork to reinstate the corporation along with a letter explaining the fact that we have move to the above location and did not receive the reinstatement form from your office. I have not received any correspondence from your office approving or denying my application since, despite my repeated attempts to reinstate.

Please reinstate my corporation and abate all penalties and interest.

Thank you again for your time and cooperation

Sincerely

Peter Hopwood

