

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
MAY - 6 PM 4:07
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000003880

1. Corporation Name

Yacht Consulting, Inc.

2. Principal Office Address

2015 SW 20th Street

Suite, Apt. #, etc.

Suite 210

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida January 11, 2002

5. FEI Number

06-1686176

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

Joseph E. Carpenter, Jr

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

6400 N Andrews Avenue

Suite, Apt. #, Etc.

Suite 440

City

Fort Lauderdale

State

FL

Zip Code

33309

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

Joseph E. Carpenter, Jr.
REGISTERED AGENT MUST SIGN

Date March 8, 2004

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
Pres	Rick Torgerson	2015 SW 20th Street, Suite 210	Fort Lauderdale, FL 33315

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-04

Date

Daytime Phone #



HEART MARINE

January 27, 2004

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: *Yacht Consulting, Inc.*
~~FIN-06-1886176~~

To Whom It May Concern:

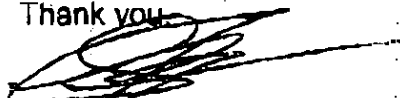
The purpose of this letter is to inform you of our new mailing address:

Lauderdale Marine Center
2015 SW 20th Street, Suite 210
Ft. Lauderdale, FL 33315

We never received any paperwork from you for renewal. I would like to have our company reinstated. Attached is a check in the amount of \$300.00 for 2003 and 2004 for the UCT form. Please update your records with our new address.

We apologize for any inconvenience that we may have caused. Should you have any questions, please do not hesitate to call me or Aymee at 954-463-0101.

Thank you



Rick Torgerson
President
Heart Marine

RT/nr