

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 29 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000031040**

1. Corporation Name

YACHT MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

100 SECOND AVE SOUTH, STE 200
ST PETERSBURG FL 33701

100 SECOND AVE SOUTH, STE 200
ST PETERSBURG FL 33701

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/2002

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WOOD, JAMES A	100 SECOND AVE SOUTH, STE 200	ST PETERSBURG FL 33701

700025384897
02/02/04--01104--015--**150.00

700025384897
12/10/03--01023--006--**150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOOD, JAMES A
100 SECOND AVE SOUTH, STE 200
ST PETERSBURG FL 33701

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]
JAMES A. WOOD

Date

Sept 9, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES A. WOOD

Sept 9 2003
Date

Daytime Phone #

CR2040 (7/03)

Yacht
Marketing Group, Inc.

January 27, 2004

Mr. Justin M. Shivers
State of Florida Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

REF. #P02000031040

Dear Mr. Shivers,

Thank you for helping me to get my little corporation back on the right track.

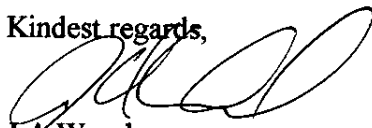
I have never had a corporation in Florida before this one and I did not know we had to file this form annually. As I now understand the requirements I have to file this form and pay \$150 fee each year to keep the corporation active. What time of year would you like this done?

In addition to the letter I sent you in September I want to again state I did not receive the uniform business reporting form for 2003.

Per your requirement I have enclosed a \$150 check for the additional reinstatement fee.

Thank you and please call 727 895 7444 if I need to do anything else, I am sorry this happened.

Kindest regards,



J A Wood
President

Yacht Marketing Group, Inc.