PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION *FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000034710

1. Corporation Name

RBC YACHTS, INC.

Mailing Address

2410 HARBOURSIDE DRIVE **UNIT 144**

Principal Place of Business

LONGBOAT KEY FL 34228

Suite, Apt. #, etc.

City & State

2410 HARBOURSIDE DRIVE **UNIT 144**

LONGBOAT KEY FL 34228

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RENSTATEMEN	Mo-20
Date Incorporated or Qualified To Do Business in Florida	2/20/2002

O No. M. III. COST.					
New Mailing Office Address, If Applicable Suite, Apt. #, etc.	Date Incorporated or Qualified To Do Business in Florida 03/29/2002				
City & State	5. FEI Number	Applied For			
Zip - Country	6. CERTIFICATE OF STATUS DESIRED □	\$8.75-Additional Fee required for a Certificate of Status			

<u>'ip</u>		Country	Zip	Cot	intry	6. CERTIFICATI	E OF STATUS DESIRED [\$8.75-Additional Fee required for a Certificate of Status
. Names	and Street Addre	sses of Each Officer and	f/or Director (Flori	da nonprofit corp	orations must list at lea	st 3 directors)		
Title(s)	2	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		C	ity / State / Zip
D	ROHDE, RODO	GER R		2410 HARBOU	IRSIDE DRIVE UNIT	144	LONGBOAT KEY F	_ 34228
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						401	 	1754
						01/22/0	<u>)02498r</u>)40107400	5 **150.00
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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent			
MORGAN, WALTER L	Name			
315 N.E. THIRD AVENUE	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 200 FT. LAUDERDALE FL 33301	Suite, Apt. #, Etc.			
TI PAGE I PAGE I E GOOGI	City State 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 MUST SIGN

Date Jm. 19, 2004

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 comporate 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

Daytime Phone #