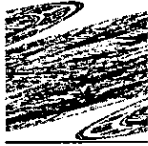


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 28 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000129290

**1. Corporation Name**

BC YACHT SERVICES INC.

**2. Principal Office Address**

258 NW 65<sup>th</sup> Terrace  
Suite, Apt. #, etc.

City & State

Plantation FL

Zip Country

33317

**3. Mailing Office Address**

258 NW 65<sup>th</sup> Terrace  
Suite, Apt. #, etc.

City & State

Plantation FL

Zip Country

33317

200021737952  
07/23/03--01016--003 \*\*150.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/9/02

**5. FEI Number**

☒ 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

BRYAN CARTER

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

258 NW 65<sup>th</sup> Terrace

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

**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

X *Bryan P. Carter*  
REGISTERED AGENT MUST SIGN

Date

7/7/03

**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	Bryan Carter	258 NW 65 <sup>th</sup> Terrace	Plantation FL 33317

**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:

X *Bryan P. Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03  
Date

954-868-4739  
Daytime Phone #

July 2, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: BC Yacht Service Inc. P02000129290**

Dear Sir or Madam:

Enclosed is my check for \$150.00 to reinstate the above corporation. I am requesting a waiver of the \$600.00 reinstate fee, as I never received the 2003 Uniform Business Report as I moved shortly after the incorporation was filed.

I have noted my new address on the reinstatement as well as a corporate officer.

Thank You,

  
Bryan R. Carter