

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 27 PM 3:11

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

DO2000134253

1. Corporation Name

Express Yacht, Inc.

2. Principal Office Address

1100 6th Ave. South

Suite, Apt. #, etc.

202

City & State

Naples, FL

Zip

34102

Country

US

3. Mailing Office Address

1100 6th Ave. South

Suite, Apt. #, etc.

202

City & State

Naples, FL

Zip

34102

Country

US

REINSTATEMENT

CR2E081 (8/05)

aw-05

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/03

5. FEI Number

02-0662176

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

Rick Furtado

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

1100 6th Ave. South

Suite, Apt. #, Etc.

202

City

Naples

State

FL

Zip Code

34102

200062381722

12/27/05--01003--020 **900.00

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

Date

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
P	RICK FURTADO	1100 6TH AVE. SOUTH # 202	NAPLES, FL 34102

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

PRES.

Date

Daytime Phone #

12/12/05 231-261-7970

12/27/05