

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

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<b>DOCUMENT # P02000134253</b> 1. Entity Name <b>EXPRESSYACHT, INC.</b>						FILED 06 SEP 29 4:04 SEC TALLAHASSEE	
Principal Place of Business <b>1100 6TH AVENUE SOUTH, UNIT 202 NAPLES, FL 34102</b>				Mailing Address <b>1100 6TH AVENUE SOUTH, UNIT 202 NAPLES, FL 34102</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>FURTADO, RICK</b> <b>1100 6TH AVENUE SOUTH, UNIT 202</b> <b>NAPLES, FL 34102</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>				4. FEF Number <b>02-0662176</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>FURTADO, RICK</b> STREET ADDRESS <b>1100 6TH AVENUE SOUTH, UNIT 202</b> CITY-ST-ZIP <b>NAPLES, FL 34102</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>500080314165</b> STREET ADDRESS <b>09/29/06--01070--019</b> CITY-ST-ZIP <b>**150.00</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>							
<b>SIGNATURE:</b>				<b>239-269-7970</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			

EXPRESSYACHT, INC.  
1100 6<sup>TH</sup> AVENUE SOUTH, # 202  
NAPLES, FLORIDA 34102

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September 20, 2006

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

Re: 2006 Annual Report

Dear Department of State Representative:

Enclosed is a check for \$150. I respectfully request that you accept our enclosed payment and not charge me a late filing fee for sending this form in after May 1, 2006. The reason for not filing on time was due to a serious illness. I was in chemotherapy for about six months at the beginning of the year and was unable to file on time. I did not have help at the office and could not carry on with normal business activities. I'm now recuperating and trying to get organized.

Please abate all penalties and accept the enclosed payment of \$150.

Thank you for your time and consideration in this matter.

Very truly yours,

  
Rick Furtado