

# 2006 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000071816

1. Entity Name  
FLORIDA YACHT SALES, INC.



Principal Place of Business  
MIAMI BEACH MARINA  
390 ALTON ROAD  
MIAMI BEACH, FL 33139 US

Mailing Address  
MIAMI BEACH MARINA  
390 ALTON ROAD  
MIAMI BEACH, FL 33139 US

06 FEB 13 AM 8:57  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
5/12/05 01 001 1.50.



02092006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 20-4276167  
~~APPLIED FOR~~

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVERHARD, SUSAN W  
1281 SOUTH VENETIAN WAY  
MIAMI, FL 33139

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME EVERHARD, SUSAN ☐ Delete  
STREET ADDRESS 390 ALTON RD  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE P  
NAME EVERHARD, ROBERT ☐ Delete  
STREET ADDRESS 390 ALTON RD  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 300066128543  
CITY-ST-ZIP 02/17/06--01018--001 \*\*150.00

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Susan W. Everhard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/09/06

Date

(305)532-8600

Daytime Phone # x119