

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG -7 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000103350

1. Corporation Name

Heesen Yachts of North America, Inc.

2. Principal Office Address

5250 West Tyson Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip
33611

Country

Hillsborough

3. Mailing Office Address

5250 West Tyson Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip
33611

Country

Hillsborough

REINSTATEMENT 09-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 09/19/2003

5. FEI Number

06-170885 6

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

Steven B. Lazzara

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

5250 West Tyson Avenue

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code
33611

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

Steven B. Lazzara

Date

8/2/06

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/D	Steven B. Lazzara	5250 West Tyson Avenue	Tampa, FL 33611
S/T/D	Richard C. Lazzara	5250 West Tyson Avenue	Tampa, FL 33611
	<i>19819</i>		
			900078729569 08/15/06--01043--002 **1050.00

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 contained in Chapter 119, 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:

Steven B. Lazzara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Steven B. Lazzara, President

8/2/06

Date

(813) 835-5300

Daytime Phone #