

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

07 NOV 13 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FD 11.15.07
REINSTATEMENT 06-07

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000156019

1. Corporation Name

Fitzpatrick Yacht Service Inc.

2. Principal Office Address - No P.O. Box #

1515 NE 12th St

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL.

Zip

33304

Country

Broward

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

—

Zip

—

Country

—

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2004

5. FEI Number

223904270

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ A

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stacey L. Fitzpatrick

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

1515 NE 12th St

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33304

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Stacey Fitzpatrick

REGISTERED AGENT MUST SIGN

Date 11.9.07

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	Stacey L. Fitzpatrick	1515 NE 12th St	Ft Lauderdale FL 33304
V	Stacey L. Fitzpatrick	(Same)	(Same)
S	Stacey L. Fitzpatrick	(Same)	(Same)
T	Stacey L. Fitzpatrick	(Same)	(Same)
D	Stacey L. Fitzpatrick	(Same)	(Same)

FD0112236857
11/13/07--01054--014 **\$900.00

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:

Stacey Fitzpatrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.9.07

Date

954.895.6998

Daytime Phone #