

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 16 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *POS000073606*

1. Corporation Name

MICHAEL PETERS YACHT DESIGN, INC.

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

47 S PALM AVE

3. Mailing Office Address

47 S PALM AVE

Suite, Apt. #, etc.

#202

Suite, Apt. #, etc.

#202

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34236

Country

US

Zip

34236

Country

US

400150706484
04/16/09--01046--013 **1050.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/2005

5. FEI Number
592135699

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
BUSTARD, R. DAVID

Street Address (P.O. Box Number is Not Acceptable)
200 S ORANGE AVE

Suite, Apt. #, Etc.

City
SARASOTA FL

State
FL

Zip Code
34236

☐ 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

[Signature of R. David Bustard]

REGISTERED AGENT MUST SIGN

Date *3/20/09*

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
Title P	PETERS, MICHAEL P	4195 HIGEL AVE.	SARASOTA FL 34242 US
Title V	GANNER, WILLIAM J	4300 BERKSHIRE DR.	SARASOTA FL 34241 US
Title S	MCKAY, ANDREW J	4153 SARASOTA AVE.	SARASOTA FL 34234 US
Title D	CRITCHETT, CHRISTOPHER C	2725 SIESTA DR.	SARASOTA FL 34239 US
REINSTATEMENT		RM	

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:

[Signature of Michael P. Peters]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P. Peters

3/19/09

Date

941-955-5460

Daytime Phone #