

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 APR 19 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *POB 0000 2441*

1. Corporation Name

HD Yacht Refinishing Inc.

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

367 South West

Suite, Apt. #, etc.

65 th Ave

City & State

Margate FL

Zip

33068

Country

USA

3. Mailing Office Address

367 South West

Suite, Apt. #, etc.

65 th ave

City & State

Margate FL

Zip

33068

Country

USA

200172792642  
03/22/10--01051--030 \*\*250.00

*3/22/10 - 01051-030 - 908.35*

CR2E081 (11/09)

4. *200172792642*  
To Do Business in Florida *12/17/2006*

5. FEI Number  
204328693

☒ 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

Hoc Cao Do

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

367 South West 65th Ave

Suite, Apt. #, Etc.

City

Margate

State

FL

Zip Code

33068

☐ 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

Date

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	Hoc Cao Do	367 South West 65th Ave	Margate/FL/33068

**REINSTATEMENT**

**RH**

10. E-mail Address: *cdoo9@yahoo.com*

(To be used for future annual report notification)

11. 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. I further certify, 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:

*hoc do*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/14/10*

Daytime Phone #