

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -8 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012117

1. Corporation Name

YACHT SALES INTERNATIONAL, Inc.

300003539593--5
-01/17/01--01012--005
****150.00 ****150.00

2. Principal Office Address

101 N. RIVERSIDE DR.

Suite, Apt. #, etc.

207

City & State

POMPANO BEACH, FL

Zip

33062

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

②-01

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

65-0384038

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

RANDY L. COUPE

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

101 N. RIVERSIDE DR.

Suite, Apt. #, Etc.

207

City

POMPANO BEACH

State

FL

Zip Code

LS
33062

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

Randy L. Coupe

REGISTERED AGENT MUST SIGN

Date 12/18/00

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
COB	GAIL COUPE	101 N. RIVERSIDE DR #207	POMPANO BEACH FL 33062
Pres	RANDY L. COUPE	101 N. RIVERSIDE DR #207	POMPANO BEACH FL 33062
Secy	GARY L. COUPE	101 N. RIVERSIDE DR #207	POMPANO BEACH FL 33062
Director	STEVEN M. COUPE	101 N. RIVERSIDE DR #207	POMPANO BEACH FL 33062
Treas.	SUSAN LEWIS	101 N. RIVERSIDE DR #207	POMPANO BEACH FL 33062

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy L. Coupe

12/18/00

Date

954-943-6506

Daytime Phone #