

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 JUL 31 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000048926**

1. Corporation Name

**U.S.A. Cotamaran, Inc.**

**600005817226--7**  
-08/14/02--01067--009  
\*\*\*\*900.00 \*\*\*\*150.00

2. Principal Office Address

**2931 Hidden Hollow Rd.**

Suite, Apt. #, etc.

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

**Davie, FL**

City & State

Zip Country Zip Country

**33328 USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7.6.93**

5. FEI Number

**65-0437419**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**6/18/02 01068 007 \$158.75**

**7. Name and Address of Current Registered Agent**

Name

**Emmanuel Kaloris**

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

**2931 Hidden Hollow Road**

Suite, Apt. #, Etc.

City

**Davie**

State

**FL**

Zip Code

**33328**

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 **7/23/02**

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
D/p	<b>Emmanuel Kaloris</b> <b>2931 Hidden</b>	<b>2931 Hidden Hollow Rd.</b>	<b>Davie, FL 33328</b>

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)(l), 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

**7/23/02**

Date

Daytime Phone #

CR2E081 (9/01)

LAW OFFICES OF  
**JEFFREY BEGENS, P.A.**  
FLAGLER SQUARE  
1850 FOREST HILL BOULEVARD, SUITE 202  
WEST PALM BEACH, FLORIDA 33406

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E-MAIL: [jjbegens@bellsouth.net](mailto:jjbegens@bellsouth.net)

FACSIMILE: 561-966-6495

July 23, 2002

**Eula Peterson**  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314  
Attn: Reinstatement

To Whom It May Concern:

My client wishes to reinstate the following three corporations:

1. U.S.A. Catamaran, Inc.
2. Yacht Basin, Inc.
3. U.S. Avenger, Inc.

Last year, my client was evicted from his premises. My client informed me that he did not receive a UBR to renew the above three corporations. He never received any information.

I understand that it will cost:

\$300.00 to reinstate U.S.A. Catamaran, Inc.  
\$300.00 to reinstate Yacht Basin, Inc.  
\$450.00 to reinstate U.S. Avenger, Inc.

I previously sent you check no. 5703 on June 4, 2002 for \$158.75 [attached] as partial payment to reinstate U.S.A. Catamaran, Inc. (\$8.75 was for the certificate of good standing), even though the total amount due was \$300.00. You cashed this check [on 6/18/02---01 068 007 158.75].

Enclosed find a check for \$900.00, payable to the Department of State.

Please reinstate the above three corporations.

  
Jeffrey Begens, Esq.

I, Emmanuel Kaluris, never received a UBR for the above three corporations.

  
Emmanuel Kaluris

7/23/02  
Date