PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAR 24 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P94000010182

1. Corporation Name
ALAN SEA YACHTSCORP.
D/B/A ZK YACHT SALES,INC.

Principal Place of Business / Mailing Address
850 NORTHEAST 3RD STREET
SUITE 209
DANIA, FLORIDA 33004

REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
2/8/94

5. FEI Number
65-0465145

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	ALAN I. CHARLAP	850 NORTHEAST 3rd ST.	DANIA, FLORIDA 33004
SEC.	ALAN I. CHARLAP	850 NE 3RD STREET	DANIA, FLORIDA 33004

700002126407--5
-03/27/97--01110--002
****915.00 ****915.00

MB 3-24-97

8. Name and Address of Current Registered Agent

ALAN I. CHARLAP
850 NORTHEAST 3RD STREET
SUITE 209
DANIA, FLORIDA 33004

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Alan I. Charlap (REGISTERED AGENT MUST SIGN) Date: MARCH 19, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Alan I. Charlap ALAN I. CHARLAP, PRES. 3/19/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone #: 954-923-7441

CR2E043 (1/96)