

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 31 AM 9:39

DOCUMENT #

P94000010182

1. Corporation Name

Alan Sea Yachts Corp.

2. Principal Office Address

850 N.E. 3rd Ave.

Suite, Apt. #, etc.

209

City & State

Dania, FL

Zip

33004

Country

USA

3. Mailing Office Address

"

Suite, Apt. #, etc.

"

City & State

"

Zip

"

Country

"

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

2/8/94

5. FEI Number

650465145

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

Alan Charlap

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

850 N.E. 3rd Avenue

Suite, Apt. #, Etc.

209

City

Dania

300003291219--9

06/15/00 01064 008

****908.75 ****908.75

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

X Alan Charlap

REGISTERED AGENT MUST SIGN

Date

5/18/2000

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

Mr. Alan Charlap
Pres. - Director
Sec., Treasurer

850 N.E. 3rd Ave, # 209

Dania, FL 33004

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: X

Alan Charlap

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/18/2000

Daytime Phone #