

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012803

1. Corporation Name

PERFORMANCE YACHTS INTERNATIONAL, INC.

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

123 SE 3RD AVENUE

3. Mailing Office Address

123 SE 3RD AVENUE

Suite, Apt. #, etc.

#352

Suite, Apt. #, etc.

#352

City & State

MIAMI, FL 33131

City & State

MIAMI, FL 33131

Zip

33131

Country

USA

Zip

33131

Country

USA

7. Name and Address of Current Registered Agent

Name
MORRISON, BROWN, ARGIZ & FARRA, LLP

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

C/O KASHAYP BAKHAI

Suite, Apt. #, Etc.

1001 BRICKELL BAY DRIVE, 9TH FLOOR

City

MIAMI, FL 33131

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date 5/08/07

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	DANIEL GOODSTADT	1415 SUNSET HARBOR DR. #405	MIAMI, FL 33139
D	EMERSON FITTIPALDI	123 SE 3rd Avenue, #352	MIAMI, FL 33131

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 contained in Chapter 119, 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

05/08/2007

Date

Daytime Phone #

FILED

2007 MAY 24 AM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02/1994

5. FEI Number

65-0473281

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

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05/24/07--01058--019 **750.00