

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 25 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012803

1. Corporation Name

PERFORMANCE YACHTS INTERNATIONAL, INC.

REINSTATEMENT 02-03

800022554718
08/25/03--01100--010 **300.00

2. Principal Office Address

123 SE 3rd Avenue

Suite, Apt. #, etc.

#352

City & State

Miami, FL 33131

Zip

Country

3. Mailing Office Address

123 SE 3rd Ave

Suite, Apt. #, etc.

#352

City & State

Miami, FL 33131

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/1994

5. FEI Number

65-0473281

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

YANOWITCH, PETER

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

800 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 550

City

MIAMI

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

9/18/03

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	FITTIPALDI, EMERSON	123 SE 3rd Ave, #352	Miami, FL 33131
D	DA CRUZ, CARLOS	123 SE 3rd Ave, #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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/08/03

Daytime Phone #

CR2E081 (10/02)

71 P/26