

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000031180**

**1. Corporation Name**

GLOBAL YACHTS, U.S.A., INC.

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

3148 COMMADORE PLAZA

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33131

Country

USA

**3. Mailing Office Address**

1000 PONCE DE LEON

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

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

Name

LOPEZ, JOSE LUIS

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

1000 PONCE DE LEON

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

**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

11/4/08

**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	BALLINA, DIEGO	1000 PONCE DE LEON	CORAL GABLES, FL
SRVP	AMADO, YISHAI H	1000 PONCE DE LEON	CORAL GABLES, FL
T	OLIVELLA, YUNIETH	1000 PONCE DE LEON	CORAL GABLES, FL

**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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/08

Daytime Phone #

305-725-9912

FILED

08 NOV -5 PM 1:05

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**REINSTATEMENT**

02-08

CR2E081 (10/08)