

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000052430**

1. Corporation Name

**YACHTCO INTERNATIONAL, INC.**

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

**1111 Lincoln Road**

Suite, Apt. #, etc

**4th Floor**

City & State

**Miami Beach, Florida**

Zip

**33139**

Country

**USA**

3. Mailing Office Address

**7380 Sand Lake Road**

Suite, Apt. #, etc.

**Suite 500**

City & State

**Orlando, Florida**

Zip

**32819**

Country

**USA**

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

Name

**JOE WILLIAMS**

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

**7380 Sand Lake Road**

Suite, Apt. #, Etc.

**Suite 500**

City

**Orlando**

State

**FL**

Zip Code

**32819**

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 **AUG 26TH, 2010**

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	AMADO, ISH	1221 Brickell Avenue	Miami, Florida 33131
VP	VAZQUEZ, DAYMAO	1800 Pembroke Drive	Orlando, Florida 32810
VP	GARZON, FABIAN	1800 Pembroke Drive	Orlando, Florida 32810
T	MUMMOZ, JOSE	1221 Brickell Avenue	Miami, Florida 33131
S	LAURENTI, RAFAEL	1221 Brickell Avenue	Miami, Florida 33131
AS	VALENZUELA, MARIO	1800 Pembroke Drive	Orlando, Florida 32810

10. E-mail Address: **VALENZUELAPA@ATT.NET**

(To be used for future annual report notification)

11. 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. I further certify, 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

**AUG 26TH, 2010**

Date

Daytime Phone #

SEAL  
DIVISION

10 AUG -3 AM 9:16

FILING CANCELLED  
RETURNED CHECK

96-10  
**REINSTATEMENT**

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida **07/13/1994**

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee for 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.

**800185032298**

**09/03/10--01001--010 \*\*2850.00**