PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 21 AM 10:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000060674**

1. Corporation Name

NORTH FLORIDA YACHT CENTER, INC.

Principal Place of Business	Mailing Address
13846 ATLANTIC BLVD. JACKSONVILLE FL 32225	13846 ATLANTIC BLVD. JACKSONVILLE FL 32225

REINSTATEMENT 02-03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1927 Beach Blvd	1927 Beach Blvd
Suite, Apt. #, etc.:	Suite, Apt. #, etc.:
City & State: Jacksonville Beach FL	City & State: Jacksonville Beach FL
Zip: 32250 Country: DUVAL	Zip: 32250 Country: DUVAL

4. Date Incorporated or Qualified To Do Business in Florida: 08/12/1994

5. FEI Number: 59-3261627 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DVST	BROOKS, MICHAEL W	833 INGLESIDE AVE	JACKSONVILLE FL 32205
DP	HILL, JAMES K	372 SEVENTH ST	NEPTUNE BEACH FL 32233
			400009794494 01/03/03--01003--006 **750.00
			400009794494 01/17/03--01068--010 **750.00
			400009794494 01/17/03--01068--011 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BROOKS, MICHAEL W 13846 ATLANTIC BLVD. JACKSONVILLE FL 32225	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 12/31/2002
REGISTERED AGENT MUST SIGN

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 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: SIGNATURE REQUIRED — 12/31/2002 — 904 219-0651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael W Brooks