

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000002811
 1. Corporation Name
LUXURY YACHT AND REAL ESTATE CONNECTIONS, INC.

Principal Place of Business	Mailing Address
660 TENNIS CLUB DR UNIT J-305 FT LAUDERDALE FL 33311	PO BOX 70190 UNIT J-305 FT LAUDERDALE FL 33307 US

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
 00 DEC 14 AM 11: 20
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



REINSTATEMENT *JD*

4. Date Incorporated or Qualified To Do Business in Florida	01/09/1995
5. FEI Number	65-0567090
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	COPP, WHITNEY D	660 TENNIS CLUB DR UNIT J-305	FT LAUDERDALE FL 33311

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 -12/28/00--01013--002
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

COPP, WHITNEY D
 660 TENNIS CLUB DR
 UNIT J-305
 FT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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.

Signature of Registered Agent Whitney D. Copp Date 12/12/00
 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: Whitney D. Copp (WHITNEY D, Copp) (954-627-1607)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/12/00 Daytime Phone #

CR2E040 (8/00)