

APPLICATION
FOR
REINSTATEMENT



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

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

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0567090

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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

000003515140--6
-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
FL

Zip Code

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
REGISTERED AGENT MUST SIGN

Date

12/12/00

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(WHITNEY D. COPP) (954-627-1607)
12/12/00

Daytime Phone #