

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 24 PM 3:19

DOCUMENT # P95000060468

1. Corporation Name

C.R.W. YACHT SALES, INC.

Principal Place of Business

Mailing Address

~~2456 NE 26TH STREET~~  
~~LIGHTHOUSE POINT FL 33064~~

~~2456 NE 26TH STREET~~  
~~LIGHTHOUSE POINT FL 33064~~

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

08/04/1995

SP

Suite, Apt. #, etc.

1692 NE Seahorse Pl.

Suite, Apt. #, etc.

1692 NE Seahorse Pl.

City & State

JENSEN BEACH FL

City & State

JENSEN BEACH, FL

Zip

34957 USA

Zip

34957 USA

5. FEI Number

65-0656026

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
PST	WEISS, CHRISTOPHER R	<del>2456 NE 26TH STREET</del> 1692 NE Seahorse Pl.	<del>LIGHTHOUSE POINT FL 33064</del> JENSEN Bch, FL 34957
			500004434895--6
			-06/21/01--01034--004
			****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEISS, CHRISTOPHER

~~2456 NE 26TH STREET~~ 1692 NE Seahorse Pl.  
~~LIGHTHOUSE POINT FL 33064~~ JENSEN Bch, FL 34957

Name

N/A

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

*Signature Required*  
REGISTERED AGENT MUST SIGN

Date

5/21/01

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pres.*

Date

5/21/01

Daytime Phone #

561 -  
232-2182

CR2E040 (8/00)