

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

03 DEC 19 PM 4:03

DOCUMENT # P96000004919

1. Corporation Name

SWIFT YACHT SALES, INC

2. Principal Office Address

870 Lake Dr

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

Blm Beach

3. Mailing Office Address

870 Lake Dr

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

Palm Beach

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0263450

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Susan Siskind

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

870 Lake Dr

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33432

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

Susan Siskind

REGISTERED AGENT MUST SIGN

Date

11/7/03

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
D	Susan Siskind	870 Lake Dr	Boca Raton FL 33432

10. 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:

Susan Siskind

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN Siskind (Sec.)

Date

11/7/03

Daytime Phone #

561-700-5788

CR2E001 (9/01)

Swift Yacht Sales
870 Lake Drive
Boca Raton, FL 33432
(954) 600-2274

November 7, 2003

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

RE: Reinstatement of the above named corporation, Federal Identification #65-0263450

To whom it may concern:

Please find the enclosed reinstatement form for the above named corporation.

Please note the following:

- 1) I have made previous attempts to your office to have my company reinstated without success.
- 2) We have moved our office location, and accordingly did not receive the Uniform Business Report.

Please complete the following:

- 1) Send my accountant verification of this completed request. Advisory Tax Service, Inc., 500 SE 17th Street, #220, Ft. Lauderdale, FL 33316.

- 2) Please abate all penalties and interest.

If you have any questions, please do not hesitate to contact my accountant.

Thank you