

11/15/2005 11:34 FAX 561 775 6006

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 18 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000061342.
1. Corporation Name
Never Enough Marketing Inc

REINSTATEMENT 03-05

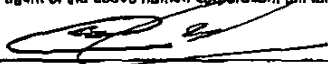
2. Principal Office Address 122 Via Mariposa
3. Mailing Office Address Same
Suite, Apt. #, etc.
City & State Palm Beach Gardens FL
Zip 33418 **Country** USA

4. Date incorporated or Qualified To Do Business in Florida 7/19/1996
5. FEI Number 650682078
6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

T. Roberts NOV 22 2005 CR2EDB1 (8/05)

7. Name and Address of Current Registered Agent
Name S. David Thorpe
Street Address (P.O. Box Number is Not Acceptable) 122 Via Mariposa
Suite, Apt. #, Etc. Palm Beach Gardens FL 33418
City **State** FL **Zip Code**


100061551981
11/18/05--01052--005 **\$450.00

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 
REGISTERED AGENT MUST SIGN **Date** 9/12/05

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

TWice	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	S. David Thorpe	122 Via Mariposa	Palm Beach Gardens FL 33418

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** 9/12/05 **Daytime Phone #** 561 772 4477

WJZ

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

November 16, 2005

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

Taxpayer: NEVER ENOUGH MARKETING INC.
FEIN: 65-0682078
Document #: P96000061342
Tax Form: UBR
Tax Period: 2003, 2004, 2005

To Whom It May Concern:

We have enclosed check # *3589* in the amount of \$450.00 for the 2005 Corporate Reinstatement of NEVER ENOUGH MARKETING INC., Document # P96000061342.

Please abate the late filing penalty. Mr. Thrope did not receive the original Annual Reports. The corporation did not intentionally avoid the filing.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,


C. R. Cooper, CPA

Encl.

bm