

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

98 DEC 14 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000099798**

1. Corporation Name

31 YACHT CORP.

Principal Place of Business

Mailing Address



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 95 Merrick Way		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/10/1996	
Suite, Apt. #, etc. Suite 518		Suite, Apt. #, etc.		5. FEI Number 65-0740443	
City & State Coral Gables		City & State		Applied For Not Applicable	
Zip FL 33134	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State & Zip
1 DP	JENSEN, JOAN BURTON	95 Merrick Way, Suite 518	CORAL GABLES FL 33134
2 T	DO CARMO BRAATHEN, MARIA	Suite 10	CORAL GABLES FL 33134
3 D	BRAATHEN, KJELL		CORAL GABLES FL 33134
4 D	JENSEN, TROND S		CORAL GABLES FL 33134
5 S	Reynolds Lara		CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

	Name Trond S. Jensen
	Street Address (P.O. Box Number is Not Acceptable) 95 Merrick Way
	Suite, Apt. #, Etc. Suite 518
	City Coral Gables State FL Zip Code 33134

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 **12/21/98** **0107-011**
*****8.75 *****8.75

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒ **N/A**

(See other side for information on intangible tax.)

12. 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
Trond S. Jensen

Date **12-10-98** Daytime Phone #

305-444-2300

CR2E040 (9/98)