

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 19 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000083858

1. Corporation Name

YACHT SALES, INC.

Principal Place of Business

Mailing Address

4004 W 17TH ST
PANAMA CITY FL 32401

4004 W 17TH ST
PANAMA CITY FL 32401

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

2. New Principal Office Address, If Applicable

3901 THOMAS DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3901 THOMAS DR

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH

Zip

32408

Country

USA

City & State

PANAMA CITY BEACH

Zip

32408

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1997

5. FEI Number

59-3489550

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	CLARK, WILLIAM O	4004 W 17TH ST	PANAMA CITY FL 32401
D	CLARK, CAROLYN S	4004 W 17TH ST	PANAMA CITY FL 32401
			300002696793--2 -11/25/98--01069--030 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CLARK, WILLIAM O
3901 THOMAS DR
PANAMA CITY BEACH FL 32408

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

William O. Clark **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 4/17/1998

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

Yes ☐ No ☒

(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: *William O. Clark* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-17-98 Daytime Phone # 850-236-8999

CR2E040 (9/98)