

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED 99 JUN 21 AM 9:47 TALLAHASSEE, FLORIDA</p>																									
<p>DOCUMENT # P97000107194</p>																													
<p>1. Corporation Name YARDARM DEVELOPMENT, INC.</p>																													
<p>Principal Place of Business 1111 N. Westshore Blvd #207 Tampa, Florida 33607</p>			<p>Mailing Address same as principal</p>																										
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																													
<p>2. New Principal Office Address, If Applicable 400 Franderson Circle</p>		<p>3. New Mailing Office Address, If Applicable same as new principal</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida 12/22/97</p>																									
<p>Suite, Apt. #, etc. #204</p>		<p>Suite, Apt. #, etc.</p>		<p>5. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable</p>																									
<p>City & State Apollo Beach, FL</p>		<p>City & State</p>		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																									
<p>Zip 33572</p>		<p>Country</p>		<p>Zip Country</p>																									
<p>7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/D</td> <td>John Holdsworth</td> <td>930 Allegro Lane</td> <td>Apollo Beach, FL 33572</td> </tr> <tr> <td>VP/D</td> <td>Michael L. Peterson</td> <td>662 Yardarm</td> <td>Apollo Beach, FL 33572</td> </tr> <tr> <td>T/D</td> <td>Leslie Holdsworth</td> <td>930 Allegro Lane</td> <td>Apollo Beach, FL 33572</td> </tr> <tr> <td>S</td> <td>Deborah P. Chambers</td> <td>4108 W. Wisconsin Avenue</td> <td>Tampa, FL 33616</td> </tr> <tr> <td colspan="4" style="text-align: right;"> 300002915053--B -06/25/99--01003--002 ****900.00 ****900.00 </td> </tr> </tbody> </table>						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	P/D	John Holdsworth	930 Allegro Lane	Apollo Beach, FL 33572	VP/D	Michael L. Peterson	662 Yardarm	Apollo Beach, FL 33572	T/D	Leslie Holdsworth	930 Allegro Lane	Apollo Beach, FL 33572	S	Deborah P. Chambers	4108 W. Wisconsin Avenue	Tampa, FL 33616	300002915053--B -06/25/99--01003--002 ****900.00 ****900.00			
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<p>8. Name and Address of Current Registered Agent Thomas H. Dart 1549 Ringling Boulevard Suite 600 Sarasota, FL 34236</p>			<p>9. Name and Address of New Registered Agent Michael L. Peterson, Esquire Street Address (P.O. Box Number is Not Acceptable) 218 Apollo Beach Boulevard Suite, Apt. #, Etc. City Apollo Beach State FL Zip Code 33572</p>																										
<p>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: <i>[Signature]</i> Date: 6-2-99 REGISTERED AGENT MUST SIGN</p>																													
<p>11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																													
<p>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 taxes 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)(b), F.S. The information submitted on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																													
<p>SIGNATURE: <i>[Signature]</i> June 21 1999 813-649-1133 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John Holdsworth, President/Director</p>																													

Form **SS-4**
(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0047

Keep a copy for your records.

1 Name of applicant (legal name) (see instructions) Yardarm Development, Inc.	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, care of name
4a Mailing address (street address) (room, apt., or suite no.) 400 Franderson Circle # 204	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code Apollo Beach, FL 33572	6b City, state, and ZIP code
6 County and state where principal business is located Hillsborough, Florida	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) 253-04-7586 John W. Holdsworth, President	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Personal service corp. |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Farmers' cooperative |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other (specify) ▶ | (enter GEN if applicable) |

8b If a corporation, name the state or foreign country (if applicable) where incorporated **Florida** Foreign country

9 Reason for applying (Check only one box.) (see instructions)

<input type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶ Checking Account
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions) **12-22-97** 11 Closing month of accounting year (see instructions) **December**

12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **n/a**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ **Development of Condominium Project**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ▶

17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above
Legal name ▶ **Mariners Cove Development Corp** Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) **May 1998** City and state where filed **Tampa, Florida** Previous EIN **65-0811895**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Business telephone number (include area code) **813-649-1133**

Name and title (Please type or print clearly.) ▶ **John W. Holdsworth, President** Fax telephone number (include area code) **813-649-1166**

Signature ▶ *John W. Holdsworth* Date ▶ **June 2, 1999**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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