

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 JUN 21 AM 9:47
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000107194

1. Corporation Name
 YARDARM DEVELOPMENT, INC.

Principal Place of Business Mailing Address
 1111 N. Westshore Blvd same as principal
 #207
 Tampa, Florida 33607

REINSTATEMENT 98-99

SP

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

2. New Principal Office Address, If Applicable
 400 Frandorson Circle
 Suite, Apt. #, etc. #204
 City & State Apollo Beach, FL
 Zip 33572

3. New Mailing Office Address, If Applicable
 same as new principal
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12/22/97
 5. FEI Number 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)	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

8. Name and Address of Current Registered Agent
 Thomas H. Dart
 1549 Ringling Boulevard
 Suite 600
 Sarasota, FL 34236

9. Name and Address of New Registered Agent
 Name 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

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 *Michael L. Peterson*
 REGISTERED AGENT MUST SIGN

Date 6-2-99

11. This corporation owes 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 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. This information submitted on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *John Holdsworth* June 21 1999 813-649-1133
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John Holdsworth, President/Director Date Daytime Phone #

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. 1545-0048

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 Frandorson Circle # 204

4b City, state, and ZIP code
Apollo Beach, FL 33572

5a Business address (if different from address on lines 4a and 4b) _____

5b 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) ▶ **John W. Holdsworth, President** **253-04-7586**

8a Type of entity (Check only one box.) (see instructions)
Caution: if applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) _____ Estate (SSN of decedent) _____

Partnership Personal service corp. _____ Plan administrator (SSN) _____

REMIC National Guard _____ Other corporation (specify) ▶ **Real Estate Development**

State/local government Farmers' cooperative _____ Trust _____

Church or church-controlled organization _____ Federal government/military _____

Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)

Other (specify) ▶ _____

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

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

Started new business (specify type) ▶ _____

Banking purpose (specify purpose) ▶ **Checking Account**

Changed type of organization (specify new type) ▶ _____

Purchased going business _____

Hired employees (Check the box and see line 12.) Created a trust (specify type) ▶ _____

Created a pension plan (specify type) ▶ _____ 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 **0** Agricultural **0** Household **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.

Public (retail) Other (specify) ▶ _____ Business (wholesale) N/A

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**

Fax telephone number (include area code) **813-649-1166**

Name and title (Please type or print clearly.) ▶ **John W. Holdsworth, President**

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

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

Please leave blank ▶ Geo. _____ Ino _____ Class _____ Size _____ Reason for applying _____