

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 18 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020275

1. Corporation Name

PREFERRED YACHTING SERVICES, INC.

Principal Place of Business

Mailing Address

3541 S.R. 84
FORT LAUDERDALE FL 33312

3541 S.R. 84
FORT LAUDERDALE FL 33312

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0819807

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	City / State / Zip
1	2	3	4
D	GALIHER, JOHN J	3541 S.R. 84	FORT LAUDERDALE FL 33312
D	TELLES, ARTHUR	3541 S.R. 84	FORT LAUDERDALE FL 33312
D	GIACOPELLI, JOHN C	3541 S.R. 84	FORT LAUDERDALE FL 33312
D	GIACOPELLI, MICHAEL	3541 S.R. 84	FORT LAUDERDALE FL 33312
			900004430889--9 -06/19/01-01115-023 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BREIT, RICHARD H
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312

Name

Allen Levine

Street Address (P.O. Box Number is Not Acceptable)

3111 Stirling Rd

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33312

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

Date 3/5/01

REGISTERED AGENT MUST SIGN - Allen Levine

11. 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

John J. Galicher

Date

3/5/01

Daytime Phone #

732-324-2000