

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

CORPORATION



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

FILED

01 FEB 12 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000035768*

1. Corporation Name

VIRGIN YACHT REFINISHING, INC.

W01-1712

SP

2. Principal Office Address

2856 NE 26 COURT

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33306

Country

BROWARD

3. Mailing Office Address

2856 NE 26TH CT

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33306

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

4/20/98

5. FEI Number

65-0833193

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN MEADS

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

2856 NE 26TH COURT

Suite, Apt. #, Etc.

City

FT LAUDERDALE, FL

State
FL

Zip Code

33312

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent *X*

REGISTERED AGENT MUST SIGN

Date *11/8/00*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>D</i>	<i>JOHN MEADS</i>	<i>2856 NE 26TH COURT</i>	<i>FT LAUDERDALE, FL 33306</i>

10. 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/00

Daytime Phone #

954 557-8286

CR2E081 (9/99)