

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000071810**

00 NOV 27 PM 12: 31

1. Corporation Name

MEGA YACHT SERVICES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~1014 WHITE DRIVE
 DELRAY BEACH FL 33483~~

~~1014 WHITE DRIVE
 DELRAY BEACH FL 33483~~



REINSTATEMENT **LSO**

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

08/17/1998

Suite, Apt. #, etc.

~~5410-B WEST TYSON AVE~~

Suite, Apt. #, etc.

~~5410-B WEST TYSON AVE~~

5. FEI Number

~~65-0856984~~

Applied For

Not Applicable

City & State

~~TAMPA, FL~~

City & State

~~TAMPA, FL~~

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

~~33611~~

Country

~~USA~~

Zip

~~33611~~

Country

~~USA~~

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BEAN, MARGARET	1014 WHITE DRIVE	DELRAY BEACH FL 33483
D	LING, PEGGY	1014 WHITE DRIVE	DELRAY BEACH FL 33483
D	HIGH ARMADA SDN. BHD.	LUMUT 32200 PERAK	MALAYSIA
			600003491416--2
			-12/08/00--01026--008
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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

Peggy Ling
 REGISTERED AGENT MUST SIGN

Date

11/20/08

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEGGY LING

10/23/00

Date

(813) 835 8283

Daytime Phone #

AD

CR2E040 (8/00)