

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

01 DEC 13 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103098
1. Corporation Name
Way Point Yacht & Ship, Inc.

2. Principal Office Address 30750 U.S. Hwy. 19 No. Suite, Apt. #, etc.	3. Mailing Office Address 30750 U.S. Hwy. 19 No. Suite, Apt. #, etc.
City & State Palm Harbor FL	City & State Palm Harbor FL
Zip 34684	Country Country

REINSTATEMENT 2001	
4. Date Incorporated or Qualified To Do Business in Florida 12/10/98	5. FEI Number 593546332
6. CERTIFICATE OF STATUS DESIRED ☒	Applied For Not Applicable
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name David Lamont	600004739778 -- 9
Street Address (P.O. Box Number is Not Acceptable) 30750 U.S. Hwy. 19 No.	-12/26/01--01034--024
Suite, Apt. #, Etc.	***758 75 *** 58.75
City Palm Harbor	State FL Zip Code 34684

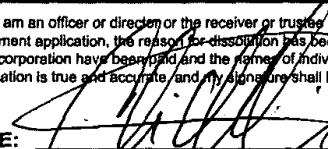
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **Date** 12-10-01

REGISTERED AGENT MUST SIGN

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
D	Christopher F. Mongelluzzi	30750 U.S. Hwy. 19 No.	Palm Harbor FL 34684
D	Anne Mongelluzzi	30750 U.S. Hwy. 19 No.	Palm Harbor FL 34684
D	Frank L. Mongelluzzi	30750 U.S. Hwy. 19 No.	Palm Harbor FL 34684

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)(f), 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:  **Christopher Mongelluzzi** 12/10/01 727-771-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**