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

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida 12/10/98

5. FEI Number 59-3546332 ☐ 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

600004739776--3
-12/26/01--01034-024
****758.75 ****758.75

Name: David Lamont

Street Address (P.O. Box Number is Not Acceptable): 30750 U.S. Hwy. 19 No.

Suite, Apt. #, Etc.:

City: Palm Harbor | State: FL | Zip Code: 34684

ILS

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

CR2E081 (9/00)

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
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)(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: _____ Christopher Mongelluzzi 12/10/01 727-771-1111

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