

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000001205**

1. Corporation Name

VENTURE YACHT SALES

2. Principal Office Address

515 SW 14th COURT

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL.

Zip **33315**

Country

U.S.A.

3. Mailing Office Address

515 SW 14th COURT

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL.

Zip **33315**

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1999

5. FEI Number

65-0883642

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

ROY PINNEY

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

515 SW 14th COURT

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33315

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

[Signature of Roy Pinney]

REGISTERED AGENT MUST SIGN

Date

04/23/2004

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
PRES.	ROY PINNEY	515 S.W. 14 COURT	FT. LAUD. FL. 33315

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:

[Signature of Roy Pinney]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/04 1-954-463-5900
Date Daytime Phone #

FILED

04 MAY -7 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

CR25001 (01/04)