

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -1 AM 10:07

DOCUMENT # P99000002786

1. Corporation Name

Global Fine Yacht Refinishing, Inc.
1128 Royal Palm Beach Blvd. #478
Royal Palm Beach, FL 33411

100004625431--3

-10/05/01--01075--012

***900.00 ***900.00

REINSTATEMENT 00-9

2. Principal Office Address

1619 Hawthorne Place

3. Mailing Office Address

1128 Royal Palm Bch. Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
PMB 478

City & State

Wellington, FL

City & State

Royal Palm Beach, FL

Zip

33414

Country

Palm Beach

Zip

33411

Country

Palm Beach

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-11-99

5. FEI Number

65-0889202

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

Joey Carstensen EA

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

510 Kingbird Circle

Suite, Apt. #, Etc.

City

Delray Beach,

State

FL

Zip Code

33444

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

Joey Carstensen EA
REGISTERED AGENT MUST SIGN

Date 9-15-2001

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/P	Brett D. Smith	1619 Hawthorne Place	Wellington, FL 33414
V/S/T	Amanda L. Smith	1619 Hawthorne Place	Wellington, FL 33414

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRETT SMITH X SEP 25-01 X 920 866 3499

CR2ED01 (9/00)