


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 JAN 31 AM 9:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P99000057945</u>					
1. Corporation Name YACHT CARPENTER SERVICES, CORP. 20410 NW 27TH PLACE MIAMI, FL 33056-2122					
2. Principal Office Address 20410 NW 27TH PLACE			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FLORIDA			City & State		
Zip 33056-2122	Country DADE	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 06/25/1999	
5. FEI Number 65-0930307				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name JUAN PABLO BEZADA					
Street Address (P.O. Box Number is Not Acceptable) 20410 NW 27TH PLACE					
Suite, Apt. #, Etc.					
City MIAMI			State FL	Zip Code 33056-2122	
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 <u>J. Bezada</u>			Date 01/26/2005		
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	JUAN PABLO BEZADA	20410 NW 27TH PLACE		MIAMI, FL 33056-2122	
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: <u>J. Bezada</u>		01/26/2005		305 - 7611459	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E081 (01/05)