

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	-----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

FILED  
2014 SEP 18 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V36505

1. Corporation Name

SEA ISLAND YACHT SALES, INC.

2. Principal Office Address - No P.O. Box #

60 Bay Colony Lane

Suite, Apt. #, etc.

3. Mailing Office Address

60 Bay Colony Lane

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Fl.

Zip

33308

Country

City & State

Fort Lauderdale, Fl.

Zip

33308

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

May 13, 1992

5. FEI Number

65-0332290

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

Phillip A. Schuman

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

60 Bay Colony Lane

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33308

800264460238  
03/18/14--01020--010 \*\*2700.00

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

*Phillip A. Schuman*

REGISTERED AGENT MUST SIGN

Date 8/26/14

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, S, T	Phillip A. Schuman	60 Bay Colony Lane	Fort Lauderdale, Fl. 33308

REINSTATEMENT

2001-2014

10. E-mail Address: pschuman@bellsouth.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Phillip A. Schuman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/14

954 593 7873

Date

Daytime Phone

LB