

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	NC
REINSTATEME	ENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS FILED SEURETARY OF STATE HVISION OF CORPORATIONS

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DOCL	JMEN	IT #	V47819
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Suite, Apt. #, Etc.

Nanles

City

1. Corporation Name

YACHT KEEWAYDIN CORPORATION

2. Principal Office Address c/o Joseph G. Fogg, III  Suite, Apt. #, etc. 4295 Cutlass Lane  City & State Naples, Florida		3. Mailing Office Address 1400 Old Country Road  Suite, Apt. #, etc. Suite 313  City & State Westbury, New York		REINSTATEMENT 28.00  4. Date Incorporated or Qualified		
				<sup>Zip</sup> 33940	Country USA	Zip 11590
Nam	ne	7. Name and	Address of Current Re	egistered Agent		
Stre	CLASP Inc. et Address (P.O. Box Number is 3001 Tamiam	s Not Acceptable)	4th Floor	500003329i -07/20/000:	795-3 1005-012	

8.	I, being appointed th	e registered agent of	he above named corpor	ation, am familiar with	and accept the obligations of President	of section 607.0505 or	617.0503, F.S.
		CLASP Inc	., by Joel H.	. Schechter,	President		

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

7-5-2000

Zip Code

34103

State

\*\*\*1959-00--\*\*1959

Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director	City / State / Zip
P/D	Joseph G. Fogg, III	4295 Cutlass Lane	Naples, Florida 33940
v	Leslie K.S. Fogg	4295 Cutlass Lane	Naples, Florida 33940
V	James Pizzaruso	4295 Cutlass Lane	Naples, Florida 33940
S/T	Georgina Reed	6 Eaton Lane	Centereach, New York 1172
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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 filling 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph G. Fogg, III

(516) 333-0218

Date

Daytime Phone #