

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 18 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V48769

1. Corporation Name

Bryan Long Yachts
2536 Mercedes Drive
Ft Lauderdale Florida 33316

2. Principal Office Address

2536 Mercedes Drive

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33316

Country

USA

3. Mailing Office Address

2536 Mercedes Drive

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33316

Country

USA

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

7/08/1992

5. FEI Number

650343876

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

98-04

3/1/99 90103 022 15900

7. Name and Address of Current Registered Agent

Name

Bryan Long

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

2536 Mercedes Drive

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33316

100040322891

00/19/04 01028 003 **1500 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

Bryan Long

REGISTERED AGENT MUST SIGN

Date August 12, 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
D	Bryan Long	2536 Mercedes Drive	Ft. Lauderdale FL 33316

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

August 12, 2004

Date

Daytime Phone #

CP2E081 (1/02)