Page 182

~ PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	FLORIDA DEPART Secretary DIVISION OF CO	of S	tate		FILED 07 APR 23 AM 9: 07
DOCUMENT # V 78769 1. Corporation Name Bryan Long Ynchts, INC					CRETARY OF STATE TOLLAHASSEE, FLORIDA 100102635301 05/16/0701027009 **458.75	
Bryan Long Ynchts, INC 2536 MERCEDES DANE Ft. LADORDALE FI 33316					05/16	6/0701027009 **458.75
2. Principal Office Address - No P.O. Box # 3. Mailing Office A 2 536 MERCEVES DR 2536			CO Address MERCE VOES OR		REI	NSTATEMENT
Suite, Apt. #,	etc.	Suite, Apt. #, etc. City & State				porated or Qualified iness in Florida
	Landerchle	Ft. Lanerdale Zip Country		5. FEI Number Applied For Not Applied For Not Applicable		
FI	33316	FI	3	3316	CERTIFICATE	SOF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Bryaw Lowg Street Address (P.O. Box Number is Not Acceptable) 2536 MERCEDES Suite, Apt. #, Etc.					The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not	
City Ff. Lavoards & State Zip Code FL 333/6					received and requesting the reinstatement fee be waived.	
8. 1, 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 REGISTERED AGENT MUST SIGN Date 41.8, 2007						
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
0	Bryan Long 2536 M			MIRCENET	OD.	Ft. Landerdole F1 33316
1						
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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the pame legal effect as if made under oath.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						
,						

Je4/27



WESTPORT

April 18, 2007

Department of Statement Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Pleas find enclosed in the letter a check in the amount of \$458.75 check #2793 (three years of filings). It may show that I owe \$1,050.00 but I sent a change of address in 2004 but it was not updated on you system as you can pull the one I received no notice from you. Can you please change address to:

Bryan Long Yachts, Inc.

To: 2536 Mercedes Drive

Fort Lauderdale, FL 33316

If you have any questions please call me on my cell at 954-612-1201.

Thank you,

Bryan S. Long Westport Yacht Sales 954-612-1201 (Cell)

BSL/tb

Enclosures: Aug 04 Corporation Reinstatement form

Current Corporation Reinstatement form