



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

678361

1. Corporation Name

BLAZER BOATS, INC.

Principal Place of Business

Mailing Address

3300 BILL METZGER LN PENSACOLA FL 32514 3300 BILL METZGER LN PENSACOLA FL 32514 10/2

FILED

02 OCT 23 AH 10: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDE



2. New Mailing Office Address. If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 07/15/1980 Suite, Apt. #, etc. Sp. 2062009 Applied For Not Applicable Zip Country Zip Country Country Centrificate of Stratus Desired Centrificate of Status Desired 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Tale(s) 2 and/or Directors 3 officer and/or Director A City / State / Zip C CRAFT, LONNIE N. 2817 HILLCREST AVE. PENSACOLA FL ST CRAFT, LONNIE G. 8219 FLORCITA DR. PENSACOLA FL P CRAFT, KEITH E. 5265 JOANNA PLACE PACE FL 32571 8. Name and Address of Current Registered Agent Street Address of New Registered Agent CRAFT, KEITH E. Sees JOANNA PLACE PACE FL 32571 8. Name and Address of New Registered Agent Street Address of New Registered Agent CRAFT, KEITH E. Sees JOANNA PLACE PACE FL 32571 10/23/0201095006 **I St. ** Officer Agent Street Address of New Registered Agent CRAFT, KEITH E. Sees JOANNA PLACE Street Address of New Registered Agent CRAFT, KEITH E. Street Address of New Registered Agent CRAFT, KEITH E. Street Address of New Registered Agent CRAFT, KEITH E. Street Address of New Registered Agent CRAFT, KEITH E. Street Address of New Registered Agent CRAFT, KEITH E. Street Address of New Registered Agent Name Street Address of New Registered Agent CRAFT, KEITH E. Street Address of New Registered Agent Name Street Address of New Registered Agent CRAFT, KEITH E. Street Address of New Registered Agent Name Street Address of New	If above a	addresses are incorrect in any way, line	through incorrect	information and	enter correction below.	2002	UBR			•
City & State Country Coun	New Principal Office Address, If Applicable		3. New Mai	New Mailing Office Address, If Applicable		Date Incorporated or Qualified				
City & State City & State City & State Country Countr	Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Numbe	r		Applied For	
Country Zp Country CERTIFICATE OF STATUS DESIRED CERTIFICATE OF ST	City & State	ity & State		City & State			59-2062009			
Title(s) 2 Name of Officers and/or Directors 3 Officer and/or Director 4 City / State / Zip C CRAFT, LONNIE N. 2817 HILLCREST AVE. PENSACOLA FL ST CRAFT, LONNIE G. 8219 FLORCITA DR. PENSACOLA FL P CRAFT, KEITH E. 5265 JOANNA PLACE PACE FL 32571 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 107/23/U201095006 **150.010 CRAFT, KEITH E 5265 JBANNA PLACE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL Signature of SIGNATURE REQUIRED Date	Zip	Country	Zip	1	Country		OF STATUS DESIRED			
CRAFT, LONNIE G. 8219 FLORCITA DR. PENSACOLA FL PENSACOLA FL PENSACOLA FL PENSACOLA FL PENSACOLA FL PENSACOLA FL PACE FL 32571 8. Name and Address of Current Registered Agent CRAFT, KEITH E S265 JØANNA PLACE PACE FL 32571 8. Name and Address of New Registered Agent Name CRAFT, KEITH E S265 JØANNA PLACE PACE FL 32571 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Street Address of Section 607.0505, F.S. or 617.0505, F.S. Signature of SIGNATURE REQUIRED Date	7. Names	and Street Addresses of Each Officer a	nd/or Director (Fl	orida nonprofit c	orporations must list at le	east 3 directors)				
ST CRAFT, LONNIE G. 8219 FLORCITA DR. PENSACOLA FL P CRAFT, KEITH E. 5265 JOANNA PLACE PACE FL 32571 10/23/1/201/0950/06 **150,00 8. Name and Address of Current Registered Agent Name CRAFT, KEITH E 5265 JØANNA PLACE PACE FL 32571 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL Gignature of Registered Agent SIGNATURE REQUIRED Date	Title(s)	Itle(S) and/or Directors		Officer and for Director		City / State / Zip				
P CRAFT, KEITH E. 5265 JOANNA PLACE PACE FL 32571 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CRAFT, KEITH E 5265 JØANNA PLACE PACE FL 32571 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL Signature of SIGNATURE REQUIRED Date	С	CRAFT, LONNIE N.		2817 HILLCREST AVE.			PENSACOLA FL			
8. Name and Address of Current Registered Agent CRAFT, KEITH E 5265 J@ANNA PLACE PACE FL 32571 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Date	ST	CRAFT, LONNIE G.		8219 FLOR	CITA DR.		PENSACOLA FL			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CRAFT, KEITH E 5265 JBANNA PLACE PACE FL 32571 Suite, Apt. #, Etc. City State Zip Code FL O. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of legistered Agent SIGNATURE REQUIRED Date	P	CRAFT, KEITH E.		5265 JOANNA PLACE			PACE FL 32571			
CRAFT, KEITH E 5265 JPANNA PLACE PACE FL 32571 Suite, Apt. #, Etc. City State City State City State State Signature of Registered Agent SIGNATURE REQUIRED Date						10/23/	000085 02010950	35 1 06 *	471 *150.00	
CRAFT, KEITH E 5265 JPANNA PLACE PACE FL 32571 Suite, Apt. #, Etc. City State City State City State Signature of Registered Agent SIGNATURE REQUIRED Date		8. Name and Address of Current Registered Ag		ent		9. Name and Address of New Registered A		gent		
0. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent SIGNATURE REQUIRED Date	CRAFT, KEITH E 5265 JIPANNA PLACE				Street Address (I	· · · · · · · · · · · · · · · · · · ·				
Dale	0. I, being	appointed the registered agent of the	above named corp	oration, am fami		bligations of Secti	on 607.0505, F.S. or 6	FL		
HEGISTEHED AGENT MUST SIGN	Signature of Registered	AgentSIGNA					Date			
1. 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.

SIGNATURE:



Date



3300 Bill Metzger Lane • Pensacola, FL 32514 • (850) 478-2290 • Fax (850) 478-8701

October 22, 2002

To Whom It May Concern:

We are requesting that the reinstatement penalty be waived due to the fact that we did not received any notices. Enclosed is the completed form along with filing fee.

Should you have any questions please feel free to contact me at the above number. Thank you for your help and cooperation in resolving this matter.

Very truly yours,

Teresa Robarts