PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 23 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2007 4BR

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/15/1980

5. FEI Number: 59-2062009 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

100008551471
10/23/02--01095--006 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CRAFT, KEITH E 5265 JOANNA PLACE PACE FL 32571	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

10. 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
REGISTERED AGENT MUST SIGN

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

Blazer
HIGH PERFORMANCE BOATS
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