

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 NOV 27 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **705671**

1. Corporation Name  
**OFFSHORE POWERBOAT RACING ASSOCIATION, Inc.**

2. Principal Office Address  
**8612 NW 81 TER**

3. Mailing Office Address  
**8612 NW 81 TER**

Suite, Apt. #, etc.

City & State  
**TAMARAC FL**

City & State  
**TAMARAC FL**

Zip  
**33321**

Country  
**USA**

Zip  
**33321**

Country  
**USA**

REINSTATEMENT **0506**

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida  
**05-30-63**

5. FEI Number  
**691172394**

Applied For  
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
**DEBRA FLEISCHMAN, President**

Street Address (P.O. Box Number is Not Acceptable)  
**8612 NW 81 TER**

Suite, Apt. #, Etc.

City  
**TAMARAC**

State  
**FL**

Zip Code  
**33321**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent  
*Debra Fleischman*

REGISTERED AGENT MUST SIGN

Date  
**6-7-06**

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
VP	ANTHONY R. MAZZONE	3100 NE 164 ST	N. MIAMI BEACH, FL 33160
SEC	DAVID COOPER	3527 N.E. 16 ST	N. MIAMI BEACH, FL 33160
DIR.	JOHN KENYON	2310 NE 215 ST	MIAMI, FL 33180
DIR.	TOM MAZZONE	8501 NW 170 Lane	MIAMI, FL 33170
DIR.	JOSEPH MUKOMBE	14100 ESCAMPE BLVD	NORTH MIAMI, FL 33181
PRES.	DEBRA FLEISCHMAN	8612 NW 81 TER	TAMARAC FL 33321

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 of 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 same legal effect as if made under oath.

SIGNATURE: *Anthony R. Mazzone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**6-7-06**

Daytime Phone #  
**305-2167240**

954-721-6983