PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN -9 PM 3:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F97000001582

1. Corporation Name

TRAVIS BOATING CENTER FLORIDA, INC.

2. Principal Office Address	3. Mailing Office Address
5000 PLAZA ON the LAKE	5000 PLAZA ON The LAKE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste. 250	Ste. 250
City & State	City & State
AUSTIN, TEXAS	AUSTIN, TEXAS
Zip / Country	Zip / Country
78746 / U.S.A.	78746 / U.S.A

REINSTATEMENT 2000-01

4. Date Incorporated or Qualified To Do Business in Florida: 3/27/1997

5. FEI Number: 74281593 1 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

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****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

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: Victor Allano Date: 1-8-01
REGISTERED AGENT MUST SIGN Victor Allano, Asst Secy.

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
DCP	MARK T. WALTON	5000 PLAZA ON The LAKE STE 250	AUSTIN, TEXAS 78746
DST	MICHAEL B PERRINE	5000 PLAZA ON The LAKE STE 250	AUSTIN, TEXAS 78746
DV	RONNIE SPRADLING	5000 PLAZA ON The LAKE STE 250	AUSTIN, TEXAS 78746
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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.

KE

SIGNATURE: Jan 5, 2001 512-347-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael B. Perrine, DST

FL010 - 10/05/00 C T System Online