

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 21 PM 3:44

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Eagle Bay Air Boat Riders, Inc.
P00000034537

2. Principal Office Address

900 Hwy. 78 W.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee, Fl

City & State

Zip

34974

Country

US

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

3-31-2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01-05

7. Name and Address of Current Registered Agent

Name

Jason Ferrell

900055329669

05/25/05--01038--029 **1360.00

Street Address (P.O. Box Number is Not Acceptable)

5350 SW 16th Way

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34974

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-14-05

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 |
|--------|-----------------------------------|--|----------------------|
| D | Jason Ferrell | 5350 SW 16th Way. | Okeechobee, Fl 34974 |
| | | | |
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

4-14-05

CR2E081 (01/05)