


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 18 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # 702 000031525

1. Corporation Name
PERFORMANCE AIRBOATS, INC

2. Principal Office Address
PO BOX 931

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
OKEECHOBEE, FL

Zip
34973 Country
OKEECHOBEE

4. Date Incorporated or Qualified To Do Business in Florida
3/18/02

5. FEI Number
01-0646988

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

7. Name and Address of Current Registered Agent

Name
MARTIN V DELISI

Street Address (P.O. Box Number is Not Acceptable)
4361 NORTHLAKE BLVD

Suite, Apt. #, Etc.

City
PALM BEACH GARDENS State
FL Zip Code
33410

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] Date 3/26/02

REGISTERED AGENT MUST SIGN

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
<u>PRES</u>	<u>DAVID, ALLAN J</u>	<u>PO BOX 931</u>	<u>OKEECHOBEE, FL 34973</u>

700032895617
04/18/04--01006--002 **150.00

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] Date 3/26/02 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

Attachment

P02000031525

DeLisi Accounting & Tax Service, Inc.

4361 Northlake Boulevard
Palm Beach Gardens, FL 33410
Phone 561-622-3162
Fax 561-626-9857
Email: MVDELISIEA@aol.com

Florida Department of State
Division of corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

March 16, 2004

To Whom It May Concern:

In regards to:

Performance Airboats, Inc.
15779 95 Lane North
West Palm Beach, FL 33412
Document # P02000031525

In January of 2002, check # 1032 for \$150.00 was sent in for the 2003 Uniform Business Report. Check was cashed on 1/24/03 (copy enclosed). We recently found out that the business has been dissolved by the state of Florida. Box #4 was not filled in, an error on our part.

Talking to your office this morning, I was told a notice was sent to us January 28, 2003. We never received this notice.

We are sending a copy of the 2003 UBR with the FEI Number filled in, with a copy of canceled check. Also the 2004 UBR Reinstatement form with a check for \$150.00. I hope this will cleared up this issue.

Thank you for your time.

Sincerely yours,

Martin V DeLisi EA