

1004000018625

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUL -7 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000105898

**1. Corporation Name**

B AND B BOATS, INC.

**REINSTATEMENT** *OK - JY*

**2. Principal Office Address**

3568 OLD WINTER GARDEN ROAC

**3. Mailing Office Address**

3568 OLD WINTER GARDEN ROAD

700021785757

05/06/04--01064--021 \*\*150.00

*TK*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
59-3483529

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

ORLANDO

City & State

ORLANDO

Zip

FL

Country

USA

Zip

FL

Country

USA

**7. Name and Address of Current Registered Agent**

Name  
OVIDIO OROL

Street Address (P.O. Box Number is Not Acceptable)  
2644 TREYMORE DRIVE

Suite, Apt. #, Etc.

City  
ORLANDO

State  
FL

Zip Code  
32825

*7/25/03 01044 002 \* 750.00*

700021785757  
07/07/04--01031--005 \*\*150.00

**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

REGISTERED AGENT MUST SIGN

Date 04/30/04

**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
PSTD	OROL, OVIDIO	2644 TREYMORE DRIVE	ORLANDO, FL 32825
			OO

**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

04/30/04

Date

Daytime Phone #

CR2E081 (01/04)