PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

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

03 OCT -9 PM 2:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # p99000046478

1. Corporation Name

M.M. BOAT WORKS, INC.

REINSTATEMENT
100023666848 01-03
10/09/03--01049--020 **1050.00

2. Principal Office Address	3. Mailing Office Address
700 Almond Street	P.O. Box 120188
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont, FL	City & State: Clermont, FL
Zip: 34711 Country: Lake	Zip: 34712 Country: Lake

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 59-3589995 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Richard H. Langley

Street Address (P.O. Box Number is Not Acceptable): 700 Almond Street

Suite, Apt. #, etc.

City: Clermont | State: FL | Zip Code: 34711

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: Richard H. Langley REGISTERED AGENT MUST SIGN Date: 10/02/03

CR2E031 (4/98)

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
10/2/03 P	Matthew Misuraca	2340 Parks Mill Road	Buckhead, GA 30625

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: Matthew Misuraca 10/2/03 1-706-752-0018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres. Date Daytime Phone #