PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JUL 18 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 229134

1. Corporation Name
CASTLE HARBOR BOATS, INC.
229134

REINSTATEMENT 94-01

2. Principal Office Address	3. Mailing Office Address
9610 Old Cutler Rd.	9610 Old Cutler Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables FL 33156	City & State: Coral Gables FL 33156
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/15/1959

5. FEI Number: 59-1144628 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: R. Cai Svendsen

000004554830--7
-08/24/01--01038--026
***1800.00 ***1800.00

Street Address (P.O. Box Number is Not Acceptable): 3803 Little Ave.

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33133

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: R. Cai Svendsen — REGISTERED AGENT MUST SIGN — Date: 7/17/01

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/V	George B. Storer III	11 Grove Ave.	Brandford CT 06405
D/P	R. Cai Svendsen	3803 Little Ave.	Miami FL 33133
S/T	Gail Svendsen	3803 Little Ave.	Miami FL 33133
	1650.00 - Adm		
	61.25 - AC		
	88.75 - ARSupp		

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: R. Cai Svendsen, Pres. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 7/17/01 Date — (305) 790-9251 Daytime Phone #