

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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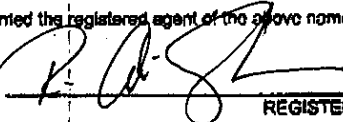
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 229134			
1. Corporation Name: CASTLE HARBOR BOATS, INC. 229134			
2. Principal Office Address 9610 Old Cutler Rd.		3. Mailing Office Address 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 ☐		\$5.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 94-01

7. Name and Address of Current Registered Agent			
Name R. Cai Svendsen		000004554880 -- 7	
Street Address (P.O. Box Number is Not Acceptable) 3803 Little Ave.		-08/24/01--01038--026 ***1800.00 ***1800.00	
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

Date 7/17/01

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
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
	11650.00 - ADM		
	61.25 - AC		
	88.75 - AR&sup		

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.

7/17/01

(305) 790-9251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #