

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 593022

1. Corporation Name

TIBBETTS BOAT WORKS, INC.

Principal Place of Business

305 EAST BEACH DRIVE  
PANAMA CITY FL 32401

Mailing Address

305 EAST BEACH DRIVE  
PANAMA CITY FL 32401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09-23-03 61061 004 \$300.00



REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida

11/13/1978

5. FEI Number

59-1856392

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BENFIELD, PAUL	305 EAST BEACH DR.	PANAMA CITY FL 32401

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENFIELD, PAUL  
305 EAST BEACH DRIVE  
PANAMA CITY FL 32401

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Handwritten signature of Paul Benfield*

REGISTERED AGENT MUST SIGN

Date

July 22-03

11. 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:

*Handwritten signature of Paul Benfield*

July 22-03

Date

Daytime Phone #

# TIBBETTS BOAT WORKS, INC.

305 East Beach Drive  
Panama City, FL 32401  
(850) 785-9262 \*\* Fax: (850) 769-0035

July 31, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314  
~~Attn: Mr. Toner~~

**RE: REQUEST FOR WAIVER OF PENALTIES**  
REF. NUMBER 593022

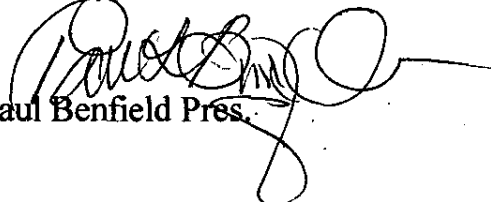
Dear Mr. Toner:

I am writing this letter to ask you to please waive the penalties in this case. I have been in business for 25 years and have never had this to happen before. I was only made aware of this situation on July 22, 2003 at which time I received this package which included the reinstatement form. I called and spoke to some one in your office inquiring as to the status of this account and informing them that this was the first letter that I had received from you'll regarding my corporation at all. I sent a letter informing you of the situation my business is in. I also failed to stress that this ~~the~~ package was the only thing that I had received.

I therefore respectfully request that all reinstatement fees be waived. I do apologize for any inconvenience this has caused.

If you have any questions please feel free to contact me.

Sincerely,

  
Paul Benfield Pres.