2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
09 JAN -6 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766848

1. Entity Name
CHRIS CRAFT ANTIQUE BOAT CLUB, INC.

Principal Place of Business	Mailing Address
% WILSON W. WRIGHT 2628 LUCERNE DR. TALLAHASSEE, FL 32303	% WILSON W. WRIGHT 2628 LUCERNE DR TALLAHASSEE, FL 32303 17

12172008 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
112 14TH STREET SE	112 14TH STREET SE
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: CEDAR RAPIDS, IA	City & State: CEDAR RAPIDS, IA
Zip: 52403 Country:	Zip: 52403 Country:

4. FEI Number: 59-2553808 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WRIGHT, WILSON W. 2628 LUCERNE DR TALLAHASSEE, FL 32303	Name: TERRY FIEST Street Address (P.O. Box Number is Not Acceptable): 8503 SAND LAKE SHORES DRIVE City: ORLANDO **FL** Zip Code: 32836

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Terry Fiest Dec 18, 2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2009, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WRIGHT, JUNE 2605 LUCERNE DR TALLAHASSEE, FL 32303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D TERRY FIEST 8503 SAND LAKE SHORES DRIVE ORLANDO, FL 32836	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WRIGHT, WILSON W 2628 LUCERNE DR TALLAHASSEE, FL 32303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D DONALD AYERS 4116 RUFFIN CIRCLE EDMOND, OK 73025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WRIGHT, PATRICIA D 2628 LUCERNE DR. TALLAHASSEE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D BILL BALDWIN 17337 REMINGTON PARK CIRCLE DALLAS, TX 75252	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D WILLIAM BASLER 3401 ORIOLE COURT NE CEDAR RAPIDS, IA 52402	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600139697086 01/06/09--01019--017 **245.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #