CT COFF-01-000000941

| CORPORATION(S) NAME | | |
|--|--|---|
| ro Line Boats, Inc. | | |
| | | 900003707929 -02/16/01-01121 |
| | | *************************************** |
| | hase | 900003707929-004 |
| | | *****70.00 *****70.0 |
| | · | |
| (X) Profit | () Amendment | () Merger ALL |
| () Nonprofit (X) Foreign | () Dissolution/Withdrawal () Reinstatement | () Mark HASSE |
| () Limited Partnership () LLC | () Annual Report () Name Registration () Fictitious Name | () Other 用户 D () Change of RAPS B () UCC 另三 w |
| (X) Certified Copy | () Photocopies | () CUS DATE 22 |
| () Call When Ready (x) Walk In () Mail Out | () Call If Problem () Will Wait | () After 4:30 (x) Pick Up |
| Name | 2/16/01 | Order#: 3601515 |
| Availability Document Examiner | | Ref#: |
| Updater Verifier W.P. Verifier | Connie Bryan | RECEIVED RECEIVED Amount: \$ |
| 660 East Jefferson Stre | 77/2 ret - 1 1 (: | RECEIVED OF FEB 16 PH 2: 01 Amount: \$ |
| Tallahassee, FL 32301 | 2/14 | - |

Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| Pro Lin | e Boats, Inc. | | | SS IN THE STATE OF FLOR | To a m |
|--|---|--------------|------------------|--|--|
| words or abbre | oration; must include the word "i viations of like import in langua or partnership if not so contained | ge as will o | clearly indicate | that it is a corporation instead o | or fa SSEE. F. |
| 2. D <u>elawa</u> | ıre | | | Applied for | 5 <u>6</u> 5000 |
| (State or countr | y under the law of which it is in | corporated | () | (FEI number, if applicab | le) |
| | cy 24, 2001 | | | ual | |
| 4. <u>Januar</u> (Da | ate of incorporation) | | (Duration: Y | ear corp. will cease to existor " | perpetual") |
| | | | | ~ | |
| 6. <u>None</u> (Date fir | st transacted business in Florida | .) (SEE SE | CTIONS 607. | 1501, 607.1502 and 817.155, F.S | 5.) |
| | | | | | |
| 7. <u>P.O. B</u> | ox 98/ | | <u> </u> | | |
| Tallev | ast, FL 34270-0987 | | | - | <u> </u> |
| | (Cmr | ent mailing | g address) | | |
| | | | | | |
| | | | | | |
| 8. <u>Manufac</u> | turing and selling o | f fish | ing boats | he carried out in state of Florid: | |
| (Purpos | e(s) of corporation authorized in | home stat | te or country to | | |
| (Purpos | turing and selling or c(s) of corporation authorized in treet address of Florida reg | home stat | te or country to | | |
| (Purpos 9. Name and s | c(s) of corporation authorized in treet address of Florida reg | home stat | te or country to | | |
| (Purpos 9. Name and s Name: | c(s) of corporation authorized in freet address of Florida reg | home stat | te or country to | | |
| (Purpos 9. Name and s Name: | c(s) of corporation authorized in treet address of Florida reg | home stat | te or country to | | |
| (Purpos 9. Name and s Name: | e(s) of corporation authorized in freet address of Florida reg C T Corporation System 1200 South Pine Island Road | home stat | gent: (P.O. I | Box or Mail Drop Box <u>NOT</u> : | |
| (Purpos 9. Name and s Name: | c(s) of corporation authorized in freet address of Florida reg | home stat | gent: (P.O. I | | |
| (Purpos 9. Name and s Name: Office Address | c(s) of corporation authorized in freet address of Florida reg C T Corporation System 1200 South Pine Island Road Plantation | home stat | gent: (P.O. I | Box or Mail Drop Box <u>NOT</u> : | |
| (Purpos 9. Name and s Name: Office Address | e(s) of corporation authorized in freet address of Florida reg C T Corporation System 1200 South Pine Island Road | home stat | gent: (P.O. I | Box or Mail Drop Box <u>NOT</u> : | |
| (Purpos 9. Name and s Name: Office Address 10. Registered Having been na | e(s) of corporation authorized in treet address of Florida reg C T Corporation System 1200 South Pine Island Road Plantation d agent's acceptance: amed as registered agent and to | distered a | gent: (P.O. I | Box or Mail Drop Box NOT s Florida, 33324 (Zip code) for the above stated corporation of agree to act in this capacity. | n at the place designated in I further agree to comply |
| (Purpos 9. Name and s Name: Office Address 10. Registered Having been not this application with the provisi | e(s) of corporation authorized in treet address of Florida reg CT Corporation System 1200 South Pine Island Road Plantation d agent's acceptance: amed as registered agent and to a linerally accept the appointments on sof all statutes relative to the | accept ser | gent: (P.O. I | Box or Mail Drop Box NOT s Florida, 33324 (Zip code) for the above stated corporation of agree to act in this capacity. | n at the place designated in I further agree to comply |
| (Purpos 9. Name and s Name: Office Address 10. Registered Having been not this application with the provisi | e(s) of corporation authorized in freet address of Florida reg CT Corporation System 1200 South Pine Island Road Plantation d agent's acceptance: amed as registered agent and to I hereby accept the appointment of all statutes relative to the | accept ser | gent: (P.O. I | Box or Mail Drop Box NOT s Florida, 33324 (Zip code) for the above stated corporation of agree to act in this capacity. | n at the place designated in I further agree to comply |
| (Purpos 9. Name and s Name: Office Address 10. Registered Having been not this application with the provisi | c(s) of corporation authorized in treet address of Florida reg C T Corporation System 1200 South Pine Island Road Plantation d agent's acceptance: Indeed as registered agent and to in the corporation of all statutes relative to the of my position as registered age C T Corporation System | accept ser | gent: (P.O. I | Box or Mail Drop Box NOT a Florida 33324 (Zip code) Sofor the above stated corporation of agree to act in this capacity. Informance of my duties, and I a | n at the place designated in I further agree to comply |
| (Purpos 9. Name and s Name: Office Address 10. Registered Having been not this application with the provisi | c(s) of corporation authorized in treet address of Florida reg C T Corporation System 1200 South Pine Island Road Plantation d agent's acceptance: Indeed as registered agent and to in the corporation of all statutes relative to the of my position as registered age C T Corporation System | accept ser | gent: (P.O. I | Box or Mail Drop Box NOT a Florida 33324 (Zip code) Sofor the above stated corporation of agree to act in this capacity. Informance of my duties, and I a | n at the place designated in I further agree to comply im familiar with and accept |

which it is incorporated.

^{12.} Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: Address: ___ Vice Chairman: ____ Address: ___ Director: Lee H. Kimmell Address: 7110 21st Street East Sarasota, Florida 34243. Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Lee H. Kimmell Address: 7110 21st Street East Sarasota, Florida 34243 Vice President: Address: ___ Secretary: Howard L. Bleser Address: 7110 21st Street East Sarasota, Florida 34243 Treasurer: Lee H. Kimmell Address 7110 21st Street East Sarasota, Florida 34243 NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Howard L. Bleser, Secretary (Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PRO LINE BOATS, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF
FEBRUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE NOT BEEN ASSESSED TO DATE.

O1 FEB IS PN 3: 22
SECNITARY OF STATE
TALLAHASSEE FLORINA



Darriet Smith Windsor, Secretary of State

3347826 8300

AUTHENTICATION: 0970937

010072374 DATE: 02-13-01