

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F97000001582

1. Corporation Name

TRAVIS BOATING CENTER FLORIDA, INC.

Principal Place of Business

5000 Plaza on the Lake
Suite 250
Austin, TX 78746

Mailing Address

5000 Plaza on the Lake
Suite 250
Austin, TX 78746

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/27/97

5. FEI Number

74-2815931

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

See To: 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DCP	Walton, Mark T.	5000 Plaza on the Lake Suite 250	Austin, TX 78746
ST	Perrine, Michael B.	5000 Plaza on the Lake Suite 250	Austin, TX 78746

REINSTATEMENT 99.1 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

Connie Bryan
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 11/19/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Michael B. Perrine **MICHAEL B. PERRINE, CFO, Secretary, Travis** 11/19/99 512-347-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

99 NOV 19 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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