

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 28 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03

DOCUMENT # F97000004599

1. Corporation Name
Old Town Canoe Company

2. Principal Office Address
58 Middle St.

3. Mailing Office Address
555 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Old Town, ME

City & State
Racine, WI

Zip
04468

Country

Zip
53403

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/02/97

5. FEI Number
010330025

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED 3375 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 So Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Connie Bryan
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 10/28/2003

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
T/D	Wade T. Neuharth	555 Main St.	Racine, WI 53403
S/D	David R. Harrington	555 Main St.	Racine, WI 53403
VP	Fernando Zucci	555 Main St.	Racine, WI 53403

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)(f), 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: *D. P. [Signature]* DAVID P. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03
Date

(22)681-6654
Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

OLD TOWN CANOE COMPANY

Certificate of Status	0
Certified Copy	0
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