

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 23 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000103

1. Corporation Name

Cobra Boats, Inc.

2. Principal Office Address

3801 PGA Blvd.

Suite, Apt. #, etc.

Suite 800

City & State

Palm Beach Gardens, FL

Zip

33410

Country

U.S.A.

3. Mailing Office Address

3801 PGA Blvd.

Suite, Apt. #, etc.

Suite 800

City & State

Palm Beach Gardens, FL

Zip

33410

Country

U.S.A.

800004191678--6
-05/09/01--01124--006
****900.00 ****300.00

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1998

SP

5. FEI Number

650804897

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William D. Roosevelt

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

3801 PGA Blvd.

Suite, Apt. #, Etc.

Suite 800

City

Palm Beach Gardens

State

FL

Zip Code

33410

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/19/01

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
C/P	William D. Roosevelt	3801 PGA Blvd., Suite 800	Palm Beach Gardens, FL 33410

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

561.799.1289

Daytime Phone #

CR2E081 (9/00)