PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -2 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G75217

1. Corporation Name

INTERNATIONAL BOAT COMPANY

Principal Place of Business	Mailing Address
~~1320 S.E. 17TH ST.~~	~~1320 S.E. 17TH ST~~
~~FT. LAUDERDALE FL 33316~~	~~FT. LAUDERDALE FL 33316~~
1160 Kane Concourse, Ste 100B	
Bay Harbor Islands, FL 33154	

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

REINSTATEMENT 02-07

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1160 KANE CONCOURSE	1160 KANE Concourse
Suite, Apt. #, etc. 100-B	Suite, Apt. #, etc. 100-B
City & State BAY HARBOR ISLANDS, FL.	City & State BAY HARBOR ISLANDS, FL.
Zip 33154 Country USA	Zip 33154 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/20/1983

5. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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	4 City / State / Zip
PDS	~~JENNINGS, SYLVIA~~ ALVARO GIMENEZ	~~1698 S.OCEAN LANE~~ 1160 KANE Concourse STE. 100B	~~FT.LAUDERDALE FL~~ BAY HARBOR IS, FL 33154

8. Name and Address of Current Registered Agent

~~G T CORPORATION SYSTEM~~
~~1200 SOUTH PINE ISLAND RD.~~
~~PLANTATION FL 33324~~
MARIO A. LAMAR P.A.
3971 S.W 8 ST, STE 505
MIAMI, FL. 33134

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent X SIGNATURE REQUIRED BY Mario Lamar Date
REGISTERED AGENT MUST SIGN

11. 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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #