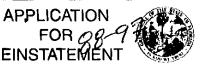
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

APPROVI





FOR 09 9 REINSTATEMENT Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				ALE		
DOCUMENT # J 8 7200				97 AUG -5 PM 3: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
FASTLOAD ALUMINUM BOAT TRAILERS, 1				INC.	TALLAMASSEE,	FLOHIDA
Principal Place of Business 611 W. MLK, JR. BLVD. PLANT CITY, FL. 33566	Mailing Address SAI	ME				
If above addresses are incorrect in any way, line thro New Principal Office Address, If Applicable		nformation and enter correction below. ng Office Address, If Applicable			porated or Qualified ness in Florida 8/14	4/87
Suite, Apt. #, etc. Suite, Apt. # City & State City & State				5. FEI Number Applied For 59–2876131		
Zip Country	Zip Countr		у	6. CERTIFICAT	6. CERTIFICATE OF STATUS DESIRED. \$8.75 Additional Fee require for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/	or Director (Florida noi	nprofit corpora	ations must list at I	east 3 directors)		
Title(s) Name of Officers and/or Directors 1 2		Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box		ch or	City / St	ate / Zip
PRES. WALLACE SULLIVAN,	JR. 61:	L W. M	LK, JR.,	BLVD.	PLANT CITY, I	FL 33566
V.PRES. R. SULLIVAN		l W. M	LK, JR.,	BLVD.	PLANT CITY, F	FL. 33566
		···		E	00002259 -08/06/97- ***1820,00	96963 01093006) ***1820.00
				REINS		82-9-
				I ITHAO		0 000
O Managed Address of Occupant			T	2. 11		8/5/m
Name and Address of Current Registered Agent Name			Name	9. Name and	Address of New Registered /	Ageny 77
324 SOUTH HYDE PARK AVERGE SUITE 375 TAMPA, FLORIDA 33606-2340			Street Address (P.O. Box Number is Not Acceptable)			
			Suite, Apt. #. Etc08/06/9701093007 City ######Bside zij #####8.75			
			1) FL	Zip Code 1 1 1 1 1
10. I, being appointed the registered agent of the above Signature of Registered Agent	1112	am familiar wi JST SIGN	th and accept the	obligations of Sect	on 607.0505, F.S. Date 8/4/9	7
11. Does this opporation pay a Dept. of Revenue under S.	ny intringible 199.032, Flori	tax to th ida Stati	e utes. Yes	kx No[e for information gible tax.)
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissologued by the corporation have been paid and the property of the corporation have been paid and the proper	ution has been eliminal	led, the corpo	rate name satisfie:	s the requirements	of section 607.0401 or 617.04	01, F.S., that all fees

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Wallace 7 Sullion .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WALLACE F. SULLIVAN, JR.

8/4/97 (813) 654-1889