PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN 12 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05/08/08 01044 006 $758.75

700131246007
06/12/08--01042--008 **300.00

CR2E081 (12/07)

DOCUMENT # J87200

1. Corporation Name
FASTLOAD ALUMINUM BOAT TRAILERS, INC.
611 W. Dr. Martin Luther King Jr. Blvd
Plant City, FL 33566

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
611 W. DR MLK Jr. Blvd	611 W. DR MLK Jr Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plant City, FL	City & State: Plant City, FL
Zip: 33566 Country: USA	Zip: 33566 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1987

5. FEI Number: 59-287-3161 ☐ 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: Wallace F. Sullivan Jr.
Street Address (P.O. Box Number is Not Acceptable): 4411 S. Turkey Creek RD
Suite, Apt. #, Etc.:
City: Plant City, FL State: FL Zip Code: 33567

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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
Pres	Wallace F. Sullivan Jr.	4411 S. Turkey Creek	Plant City, Fl 3356
vp	Rita Sullivan	4411 S. Turkey Creek	Plant City, FL 33567

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 contained in Chapter 119, 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.

Wallace F. Sullivan Jr.

SIGNATURE: Wallace F. Sullivan Jr. June 11, 2008 813-759-1889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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