PLEASE READ A	ALL INSTF	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM	I.	
APPLICATION FOR	FLORIDA DEPARTMENT OF Sandra B. Mortham Secretary of State		IT*OF STATE tham	FILED			
REINSTATEMENT	NSTATEMENT DIVISION OF CORPORATIONS			97 JUN -2 AM 4:31			
DOCUMENT # K 85856 (8) 1. Corporation Name A # A Boats and Trading Co.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address							
1153 sw 118 tem. Davie, FL 33325							
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				Date Incorpor	prated or Qualified		
Suite, Apt. #, etc.	e, Apt. #, etc. Suite, Apt. #, etc.			To Do Business in Florida 05/05/89			
City & State City & State				5. FEI Number	99 39	Applied For Not Applicable	
Zip Country	Zip	Country	,	6. CERTIFICATE		.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	I or Director (Florid	la nonprofit corpora	tions must list at lea	st 3 directors)			
Title(s) and/or Directors Offic			eet Address of Each icer and/or Director e Post Office Box N		City / S	itate / Zip	
D Evolga, Alex 11260 shady			ids Ln.		Plantation, 1	=L 33825	
D Alexander, Phillip L. 1153 SW 118 Terr. Davie, FL 33325						2555	
0000022032205							
						01102007	
		RFI	TATZN	EMEN	19-9-1	2 4 1/ 0	
		1120	MA		A	6-4-91	
					ddress of New Registered	Agent	
Alexander, Phillip L. 1153 SW 118 Terr Suite, Apt. #, Etc.					s Not Acceptable)		
1 1153 SW 118 Terr Suite, Apt. #, Etc							
. Davie, PL 38325				State Zip Code			
10. I, being appointed the registered agent of the above names perpendicular with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date Da							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No							
12. 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 filling 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: Plets L. Character Hillip L. Hexander 5/39/97 954 9260444 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #							