PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION REINSTATEMENT

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

FILED
02 OCT 22 AM 9:45

DOCUMENT # K87894

1. Corporation Name
PREMIUM PARASAIL BOATS INC.

2. Principal Office Address	**3.** Mailing Office Address
928 N.E. 24th LANE	% BOWMAN BOWMAN CPA
Suite, Apt. #, etc.: UNIT 4	Suite, Apt. #, etc.: 1705 COLONIAL Blvd.
City & State: CAPE CORAL FL.	City & State: FORT MYERS FL.
Zip: FL 33904 / Country:	Zip: 33907 / Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0131765 ☐ 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: VANDERLAAN, RICHARD S.
Street Address (P.O. Box Number is Not Acceptable): 928 NE 24TH LN
Suite, Apt. #, Etc.: UNIT 4
REINSTATEMENT 02
City: CAPE CORAL | State: FL | Zip Code:

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 10/10/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P VP	VANDERLAAN, GREGORY C.	1665 AINAKEA Rd	LAHAINA, HI 96761
P VP	VANDERLAAN, RICHARD S.	928 NE 24th LANE	CAPE CORAL FL. 33909
S S	PARISEAU, JAMES R.	928 NE 24th LANE	CAPE CORAL FL. 33909
		500008481305--9	

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: _____ 10/10/02 239-571-0592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P04C2072

ACCOUNT NO. : 072100000032

REFERENCE : 789326 9156A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 758.75

ORDER DATE : October 21, 2002

ORDER TIME : 11:26 AM

ORDER NO. : 789326-010

CUSTOMER NO: 9156A

CUSTOMER: Larry A. Echols, Esq.
Larry A. Echols, P.A.
6100 Estero Boulevard
Fort Myers Beac, FL 33931

DOMESTIC FILINGS

RECEIVED
02 OCT 21 PM 12:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: PREMIUM PARASAIL BOATS, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore

EXAMINER'S INITIALS _____