PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 26 PM 5:53

DOCUMENT # N00000005722

1. Corporation Name
United States Wakeboard Federation

REINSTATEMENT 01-04

2. Principal Office Address	3. Mailing Office Address
116 NELSON ST.	P.O. Box 999
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: AUBURNDALE, FL	City & State: Winter Haven, FL
Zip: 33823 Country: USA	Zip: 33882 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/29/2000

5. FEI Number: 59-3673377 ☐ 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: JIM EMMONS

Street Address (P.O. Box Number is Not Acceptable): 460 N. Orlando Ave #200

600034753936
04/29/04--01067--007 **420.00

Suite, Apt. #, Etc.:

City: Winter Park State: FL Zip Code: 32789

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: [signature] Date: 4/21/04
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
D	LARRY MEDDOCK	116 NELSON ST. AUBURNDALE	AUBURNDALE FL 33823
D	JIMMY REDMON	116 NELSON ST.	AUBURNDALE FL 33823

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: [signature] 4/21/04 407-571-4684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #