PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

01 DEC -3 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 49312

1. Corporation Name

Hobie Fleet 11, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
1724 Down Lake Dr		1724 Down Lake Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Windermere FL		Windermere FL	
Zip	Country	Zip	Country
34786	ORANGE	34786	ORANGE

4. Date Incorporated or Qualified To Do Business in Florida June 6 1992

5. FEI Number 26 488 5596 — 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: MARK J BOXMAN

Street Address (P.O. Box Number is Not Acceptable): 1728 DOWN LAKE DR.

Suite, Apt. #, Etc.:

City: WINDERMERE — State: FL — Zip Code: 34786

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*****96.25 *****96.25

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 Mark J Boxman — Date 11/26/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
Director	ADIANO, Louie	2120 W. Pine St.	Orlando FL 32805
Director	Lowen, Rick	840 Gotwesmere Loop	Ocoee FL 34761
Director	Ingram, Kathy	PO Box 1627	Minneola FL 34755
S/T	Boxman, Mark J	1728 Down Lake Dr.	Windermere, FL 34786

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*****35.00 *****35.00

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: Mark J Boxman — 11/26/01 — 407-876-6222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARK J BOXMAN Secretary / Treasurer