

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003124

1. Corporation Name  
South Florida WaterSki Club Inc.

2. Principal Office Address  
4361 Sunrise Blvd.  
Suite, Apt. #, etc.

3. Mailing Office Address  
5111 N. Dale Mabry Hwy.  
Suite, Apt. #, etc.

City & State  
Plantation, FL  
Zip 33313 | Country USA

City & State  
Plantation, FL  
Zip | Country

FILED

03 JUN 13 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 48-03

100020884811  
06/16/03--01051--001 \*\*507.50

N9400000 3124

4. Date Incorporated or Qualified  
To Do Business in Florida 6-10-1994

5. FEI Number 65056560 | Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$875/Additional Fee required  
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mike Grant v.p.

Street Address (P.O. Box Number is Not Acceptable)

4361 W. Sunrise Blvd.

Suite, Apt. #, Etc.

100020884811  
06/16/03--01051--002 \*\*35.00

City

Plantation, FL

State  
FL

Zip Code  
33313

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

Mike Grant v.p.

Date 6-2-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) ✓

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| Pres.  | LISA WELLINS                         | 3884 Meadow Lane                                  | Hollywood FL 33021  |
| V.P.   | MIKE GRANT                           | 4361 <sup>W</sup> Sunrise Blvd                    | Plantation FL 33313 |
|        | D. GREG SUTHERLAND                   | 9302 Acrewood Circle                              | Danie, FL 33328     |

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: *Mike Grant v.p.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-03 (954) 584-7733

Date

Daytime Phone #