

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 DEC 31 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000020983

1. Corporation Name

R-2 BOATS INC.

2. Principal Office Address

6830 NE JACKSONVILLE RD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

Zip

34479

Country

MARION

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/00

5. FEI Number

65-0986532

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

RALPH NICHOLS

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

6830 NE JACKSONVILLE RD

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34479

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

Ralph Nichols

REGISTERED AGENT MUST SIGN

Date 12/5/02

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/V/T	RALPH NICHOLS	6830 NE JACKSONVILLE RD	JACKSONVILLE FL 34479

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:

Ralph Nichols

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/05/02 352-732-6132

Daytime Phone #

CR2E081 (9/01)

js 1/3