


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <b>REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000041391**

1. Corporation Name

**JETSKI DEPOT, INC.**

Principal Place of Business

**2420 ANDREWS AVENUE EXTENSION  
POMPANO BEACH FL 33064**

Mailing Address

**2420 ANDREWS AVENUE EXTENSION  
POMPANO BEACH FL 33064**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/21/2000**

5. FEI Number

**65-1008541**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>1</b>	<b>MANCINI, JOHN J</b>	<b>2420 ANDREWS AVENUE EXTENSION</b>	<b>POMPANO BEACH FL 33064</b>
			<b>000004669330--5</b>
			<b>-11/06/01--01071--021</b>
			<b>****150.00 ****150.00</b>

8. Name and Address of Current Registered Agent

**MANCINI, JOHN J  
2420 ANDREWS AVENUE EXTENSION  
POMPANO BEACH FL 33064**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*John J Mancini*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**10-15-01**

11. 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:

*John J Mancini*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-15-01**

CR2ED40 (801)

Florida Department of State  
Division of Corporations.

October, 12, 2001

I, John James Marcini, sole owner

of Jetski Depot, Inc. did not  
receive my notice of State/Corp.  
Tax. Please accept my payment  
of \$150.00 and notify me that  
my tax debt is resolved.

JETSKI DEPOT, INC.  
2420 Andrews Ave. Ext.  
Pompano Beach, FL.  
33064

Thankyou in Advance,

John J. Marcini

Docket # 00000041391

EIN #