PLEASE READ ALL INSTRUCTIO BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 18 PM 12:34

DOCUMENT # P00000047169

1. Corporation Name
PANtera Boat, INC.

B 10/19/10

500170553455
04/20/10--01016--012 **758.75
REINSTATEMENT 09-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7775 N.W. 66ST	SAME
Suite, Apt. #, etc. MIAMI, Fl. 33166	Suite, Apt. #, etc.
City & State MIAMI	City & State
Zip Fl / Country DADE	Zip 33166 / Country US

4. Date Incorporated or Qualified To Do Business in Florida 5/11/2000

5. FEI Number P00000047169 ☐ 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 LINDA NUNEZ

Street Address (P.O. Box Number is Not Acceptable) 7775 N.W. 66ST

Suite, Apt. # Etc. MIAMI

City Fl. State FL Zip Code 33166

200182763352
10/18/10--01053--001 **112.06

200182763352
06/30/10--01011--001 **796.69

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 3/24/10

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
Pres.	LINDA NUNEZ	7775 N.W. 66ST	MIAMI, Fl. 33166

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 contained in Chapter 119, 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] 3/24/10 786-331-7100

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