

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000095497

1. Corporation Name

BOAT BUSINESS INTERNATIONAL, INC.

REINSTATEMENT 01-04

900028748259
02/13/04--01044--037 **1200.00

2. Principal Office Address

~~651 SEABREEZE BLVD~~

Suite, Apt. #, etc.

City & State

POMPANO BEACH
FORT LAUDERDALE, FL.

Zip

33060

Country

BROWARD

3. Mailing Office Address

~~651 SEABREEZE BLVD~~

Suite, Apt. #, etc.

City & State

POMPANO BEACH
FORT LAUDERDALE, FL.

Zip

33060

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2000

5. FEI Number

65-1045870

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

PATRICK VIVIES

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

700 E. DANIA BEACH BLVD SUITE 202

Suite, Apt. #, Etc.

City

DANIA

State

FL

Zip Code

33004

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]
REGISTERED AGENT MUST SIGN

Date 09/22/03

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 |
|--------|--------------------------------------|---|----------------------------|
| PD | CHRISTIAN CASSIGNOL | 651 SEABREEZE BLVD | FORT LAUDERDALE, FL. 33316 |
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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:

Christian Cassignol
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 26/04
Date

954 530348
Daytime Phone #

CR2E081 (10/02)