

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 MAR 16 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000096101

1. Corporation Name

BANDIT AIRBOATS INC.

Principal Place of Business

Mailing Address

~~3404 JA HARTLEY CT~~

~~HERNANDO FL 34422~~

1312 North Circle Dr
Crystal River FL 34429

1312 NORTH CIRCLE DR
CRYSTAL RIVER FL 34429

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



REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/2000

5. FEI Number

59-3552259

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PALMER, TAMMIE R	1312 NORTH CIRCLE DR	CRYSTAL RIVER FL 34429
STD	PALMER, THOMAS M	1312 NORTH CIRCLE DR	CRYSTAL RIVER FL 34429
			000030806030 03/19/04--01043--004 **50.00
			000030806030 03/19/04--01043--005 **1000.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PALMER, TAMMIE R
1312 NORTH CIRCLE DR
CRYSTAL RIVER FL 34429

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

3-15-2004
3-15-2004

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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)