

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 23 AM 9:49

DOCUMENT # P00000114102

1. Corporation Name

Wilson Boat Works, Inc

700023265217
09/23/03--01020--004 **900.00

REINSTATEMENT 02-03

2. Principal Office Address

561 SW Flagler Ave

Suite, Apt. #, etc.

3. Mailing Office Address

426 Shadowwood Ln

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Coral Springs, FL

Zip

33060

Country

USA

Zip

33071

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/01

5. FEI Number

593704214

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

LEE M. ROTHMAN ESQ.

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

2295 NW CORPORATE BLVD

Suite, Apt. #, Etc.

110

City

BOCA RATON

State

FL

Zip Code

33431

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

Lee M. Rothman Esq.
REGISTERED AGENT MUST SIGN

Date 9-16-03

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
Pres	James Wilson	426 Shadowwood Lane	Coral Springs, FL 33071
VP	Brenda Stassen	426 Shadowwood Lane	Coral Springs, FL 33071

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:

James Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Wilson

Date

9/12/03

9546730266

Daytime Phone #

954-755-8713

CR2E081 (10/02)