

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAR 20 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

**DOCUMENT #** P00000115471

**1. Corporation Name**

MAJESTIC BOAT CORPORATION

**2. Principal Office Address**

2770 U.S. Hwy. 1

Suite, Apt. #, etc.

**3. Mailing Office Address**

55 East Ocean Blvd.

Suite, Apt. #, etc.

City & State

Mims, FL

City & State

Stuart, FL

Zip

34994

Country

USA

Zip

34994

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida **DECEMBER 8, 2000**

**5. FEI Number**

59 3702 325

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$0.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

WILLIAM E. GUY, JR.

000005194360 --3

-04/05/02--01017-019

\*\*\*\*908.75 \*\*\*\*908.75

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

GUY & YUDIN, LLP

Suite, Apt. #, Etc.

55 East Ocean Blvd.

REINSTATEMENT 01-02

City

Stuart, FL 34994

State

FL

Zip Code

34994

**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 **3/15/02**

**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
P/D	Terence C. Smith	19 Whitehill Ave	Luton, Bedfordshire England, UK LU13SP
S	LeRoy McDaniel	2947 Nicholson Street	Titusville, FL 32796

**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:**

*[Signature]*

TERENCE C. SMITH

561-286-7372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)