PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			<b>-</b> 171	Lilatin		
CORPORATION REINSTATEMENT	s	DEPARTMENT OF STATE ecretary of State sion of corporations	05 JUL 1	3 AM 8:58 ARY OF STATE SSEE, FLORIDA		
<b>DOCUMENT</b> # PO1000 109 743  1. Corporation Name			TALLATIO	NO		
RedFishBoats, Inc.				e a remara i p		
2. Principal Office Address	ncipal Office Address 3. Mailing Of		REINSTATEMENT 03-05			
2318 Hwu 1	uy 1 San		e chilat and an		100 7E	
te, Apt. #, etc. Suite, Apt.		4.1		porated or Qualified / /	58.75	
City & State Mims FL	City & State	City & State		To Do Business in Florida 11/15/01  5. FEI Number Applied For		
Zip Country	Zip	Country		-166465 NOIA	pplicable	
32754 Brevard			<b>6.</b> CERTIFICAT	E OF STATUS DESIRED S8.75 Additional For for a Certificate of		
7. Name and Address of Current Registered Agent						
Name Brentkwhitehouse						
Street Address (P.O. Box Number is Not Acceptable) 4230 OSCEO/a Rd						
Suite, Apt. #, Etc.		•				
chritusville	chrtitusville			State Zip Code FL 32780		
8. I, being appointed the registered agent of the	above named corpor	ration, am tamiliar with and accept the	obilgations of sect	ion 607.0505 or 617.0503, F.S.		
Signature of Registered Agent BAK Witt						
Registered Agent Date REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Office	r and/or Director (Flo	rida nonprofit corporations must list at	least 3 directors)			
Titles Name of Officers and/or Direct	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			
AND Brent K. Whitehouse		4230 Osceola	2 Ld	Titusville FL 327	80	
T. Sec.)P						
"C11"			1 [	0057892751		
			07/26/	/0501007025 **141.29	<u>.                                    </u>	
			$^{10}_{0700}$	DOS7892751	_	
			<u> </u>	<u>/0501007026 **638, 79</u>	<b>`</b>	
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40 Leady that I am an afficiant and the state of the stat	manhay a tracta	named to manufa this scattered	o provided for in	enter 607 or 617 E.C. I further contifu that when	n filion	
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 filling this reinstatement application, the reason for dissolution has been eleminated, 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 individuate listed on this form do not quality 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: BYK With Brent K. Whitehouse 8-4-04 321-267-2337 SIGNATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						