

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

04 July 25 PM 1:52

DOCUMENT # P02000045915

1. Corporation Name

AVANCE BOATS COMPANY

REINSTATEMENT

03-04

2. Principal Office Address

3747 N.W. 50 St.

Suite, Apt. #, etc.

3. Mailing Office Address

2387 N.W. 149 Street

Suite, Apt. #, etc.

City & State

Hialeah

Zip

33142

Country

U.S.A.

City & State

Opa-locka, FL

Zip

33054

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

April 2, 2002

5. FEI Number

46-0479872

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

Humberto Reyes

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

3717 N.W. 50 Street

Suite, Apt. #, Etc.

City

Hialeah, FL

State

FL

Zip Code

33142

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

REGISTERED AGENT MUST SIGN

Date

7/21/04

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
President	Humberto Reyes	3717 N.W. 50 Street	Hialeah, FL 33142

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:

Humberto Reyes

7/21/04

786-486-5821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/22/04