

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 10 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000068200**

1. Corporation Name

BOAT CLUB ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~6443 BEN HOGAN CIRCLE
NORTH FORT MYERS FL 33917~~

~~6443 BEN HOGAN CIRCLE
NORTH FORT MYERS FL 33917~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

6400 ESTERO BLVD

3. New Mailing Office Address, If Applicable

SAME

4. Date Incorporated or Qualified To Do Business in Florida

06/20/2002

Suite, Apt. #, etc.

#605

Suite, Apt. #, etc.

City & State

FT. MYERS BCH, FL.

City & State

Zip

33931

Country

Zip

Country

5. FEI Number

02-0623868

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|---|
| D | JARRAIT, CHARLES O JR | 6443 BEN HOGAN CIRCLE 6400 ESTERO BLVD #605 | NORTH FORT MYERS FL 33917 FT. MYERS BCH, FL. 33951 |
| | | | 400024568834 11/10/03--01089--004 **150.00 |

8. Name and Address of Current Registered Agent

NICHOLS, JAMES L
8191 COLLEGE PKWY, STE 204
FT MYERS FL 33919

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 OF JARRAIT

Date

REGISTERED AGENT MUST SIGN

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 OF JARRAIT

CHARLES JARRAIT

11/7/03

239-340-4335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

11/7/2003

DEPARTMENT OF STATE
Div. of Corporations
PO Box 6327
Tallahassee, Fl 32314

To whom it may concern,

RE: Boat Club Enterprises, Inc.

I did not receive any prior report notices on this matter. This is our
First active year in business, and was not informed by my accountant or lawyer
Of any of this.

We also have moved this year, could be the problem.

Please find application for reinstatement, and payment of \$ 150.

NEW ADDRESS; 6400 Estero Blvd. #605, Ft.Myers Bch, Fl. 33931

Thank You,

A handwritten signature in black ink, appearing to read "Charles Jarrait". The signature is written in a cursive style with a large initial "C".

Charles Jarrait, Pres.