

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 15 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000130123*

1. Corporation Name

COATS CRAFT BOATS

400026859864
01/13/04--01073--006 **150.00

2. Principal Office Address

10718 SW 188 ST

Suite, Apt. #, etc.

3. Mailing Office Address

10718 SW 188 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

FL

Zip

33157

Country

Zip

33157

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

EDUARDO TORRES

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

12342 SW 198 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33177

400026859864
03/15/04--01057--007 **150.00

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

Eduardo Torres

REGISTERED AGENT MUST SIGN

Date *12-22-04*

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
<i>P/T/S</i>	<i>EDUARDO TORRES JR.</i>	<i>10718 SW 188 ST, MIAMI FL 33157</i>	<i>MIAMI, FL 33157</i>

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:

Eduardo Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-04 (205) 252-5022

Date

Daytime Phone #

CR2E081 (10/02)

Miami, March 8, 2004

Florida Department of State,
Division of Corporation,
P O Box 6327
Tallahassee, Fl 32314

Ref: Document #P02000130123
Coastcraft Boats Inc

Dear Sir or Madam:

Enclosed please find our check for \$150.00 to update our corporation. Our first check was cashed by your department.

We including the officers information as per your requirements.

Sincerely,

A handwritten signature in cursive script, appearing to read "Eduardo Torres", written over a horizontal line.

Eduardo Torres