

2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05 Rui.


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07222005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000077506					
1. Entity Name BAYOU BOATS OF TAMPA BAY, INC.					
Principal Place of Business 9385 ULMERTON RD. LARGO, FL 33773			Mailing Address 9385 ULMERTON RD. LARGO, FL 33773		
2. Principal Place of Business <i>5601 Seminole Blvd</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Seminole Fla</i>		City & State <i>Seminole Fla</i>			
Zip <i>33772</i>	Country <i>Pineellas</i>	Zip <i>33772</i>	Country <i>Pineellas</i>		
6. Name and Address of Current Registered Agent MAYER, ALLAN 9385 ULMERTON RD. LARGO, FL 33773			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres ALLAN D. MAYER 9385 ULMERTON RD LARGO FLA 33770</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>200058384932 08/09/05--01028--003 ***300.00</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P. Allen D. SAPP Same</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature] 8/12</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			Date <i>8-1-05</i> Daytime Phone # <i>391-6703</i>		