PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 04000134189

1. Corporation Name
BOAT INC

600346143666
06/10/20--01016--015 ***2293.75

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2316 SE 10 CT		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Pompano Beach FL			
Zip	Country	Zip	Country
33062	US		

4. Date Incorporated or Qualified To Do Business in Florida 09/24/2004

5. FEI Number 26-4025686 — 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: JOHN A. PARKER

Street Address (P.O. Box Number is Not Acceptable): 2316 SE 10 CT

Suite, Apt. #, Etc.:

City: Pompano Beach — State: FL — Zip Code: 33062

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: [signature] — Date: 6/9/2020

REGISTERED AGENT MUST SIGN

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
P	JOHN A. PARKER	2316 SE 10 CT	Pompano Beach FL 33062

JUN 29 2020
S. YOUNG

10. E-mail Address: gwiz234@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] JOHN A. PARKER — 6-9-2020 — 954 383 2255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #