

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000022499

Entity Name: ORION BOAT COMPANY

FILED  
Jan 22, 2007  
Secretary of State

**Current Principal Place of Business:**

1004 COTORRO AVE.  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

13600 NW 19 AVE.  
OPA LOCKA, FL 33054

**Current Mailing Address:**

1004 COTORRO AVE.  
CORAL GABLES, FL 33146

**New Mailing Address:**

13600 NW 19 AVE.  
OPA LOCKA, FL 33054

FEI Number: 76-0780852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PUJOLS, JOSE R. ESQ.  
2701 S. LEJEUNE ROAD, STE. 401  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JOSE R PUJOLS

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: PESANT, ROBERTO  
Address: 1004 COTORRO AVE.  
City-St-Zip: CORAL GABLES, FL 33146

Title: DVPT ( ) Delete  
Name: PESANT, JUANITA  
Address: 1004 COTORRO AVE.  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: PESANT, ROBERTO  
Address: 1145 CAMPO SANO AVE.  
City-St-Zip: CORAL GABLES, FL 33146

Title: DVPT (X) Change ( ) Addition  
Name: PESANT, JUANITA  
Address: 1145 CAMPO SANO AVE.  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO PESANT

DPS

01/22/2007

Electronic Signature of Signing Officer or Director

Date