

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000117812

1. Entity Name
BLACK PEARL MARINE MANUFACTURING, INC.



FILED

07 NOV 13 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1510 AIRWAY CIR. 1510 AIRWAY CIR.
NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1520 CHAFFEE DRIVE 1520 CHAFFEE DRIVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TITUSVILLE, FL TITUSVILLE, FL

Zip Country Zip Country
32780 USA 32780 USA



11012007 REIN-PCR2E098 (1/07) 07

4. FEI Number Applied For/Not Applicable
205521268

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARSON, KARL
399 CAROLINA AVE., SUITE 200
WINTER PARK, FL 32789

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 *Karl Pearson* 11-12-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	PETERSON, JON C JR.	
STREET ADDRESS	1115 E. LIVINGSTON ST. 1520 Chaffee Dr	
CITY-ST-ZIP	ORLANDO, FL 32803 Titusville, FL 32780	
TITLE	VP	☒ Delete
NAME	PETERSON, WENDI W	
STREET ADDRESS	1115 E. LIVINGSTON ST. 1520 Chaffee	
CITY-ST-ZIP	ORLANDO, FL 32803 Titusville, FL 32780	
TITLE	S/T	☒ Delete
NAME	PETERSON, JON C JR.	
STREET ADDRESS	1115 E. LIVINGSTON ST. 1520 Chaffee	
CITY-ST-ZIP	ORLANDO, FL 32803 Titusville, FL 32780	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Change ☐ Addition
NAME	Peterson, Jon C. Jr	
STREET ADDRESS	1520 Chaffee Dr.	
CITY-ST-ZIP	Titusville FL 32780	
TITLE	VP	☒ Change ☐ Addition
NAME	Peterson, Wendi W	
STREET ADDRESS	1520 Chaffee Drive	
CITY-ST-ZIP	Titusville FL 32780	
TITLE	S/T	☒ Change ☐ Addition
NAME	Peterson, Jon C. Jr.	
STREET ADDRESS	1520 Chaffee Drive	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE		☐ Change ☐ Addition
NAME	0001122361	
STREET ADDRESS	11/13/07--01052--021	
CITY-ST-ZIP	**150.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]*
Signature and typed or printed name of signing officer or director

11/5/07 321-383-8223
Date Daytime Phone #