

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 29 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000136898

1. Corporation Name

Dakota Airboats, Inc

2. Principal Office Address - No P.O. Box #

3540 Buddy Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

West Melbourne, FL

City & State

Zip

32904

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Christopher Chardt

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

3540 Buddy Dr

Suite, Apt. #, Etc.

City

West Melbourne

State

FL

Zip Code

32904

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]

REGISTERED AGENT MUST SIGN

Date

12/9/09

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
PV	Christopher Chardt	3540 Buddy Dr West Melbourne	West Melbourne, FL 32904
TS	Charity Chardt	3540 Buddy Dr	West Melbourne, FL 32904

10. E-mail Address: Dakotaairboats@aol.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., 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/9/09

Daytime Phone

321 863 2312

400171396564
03/29/10--01066--003 **185.00

400171396564
03/08/10--01005--017 **450.00
CR2E081 (11/09)

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4. Date Incorporated or Qualified
To Do Business in Florida

10/29/2006

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.