


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| APPLICATION FOR REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 97 MAR 11 AM 11:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # <u>P94000000907</u> | | | | | |
| 1. Corporation Name <u>PANTERA POWERBOATS, INC.</u> | | | | | |
| Principal Place of Business <u>14100 Biscayne Blvd #8</u> <u>N. Miami, FL 33181</u> <u>(305) 948-5600</u> | | | Mailing Address _____ | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | |
| 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____ | | 3. New Mailing Address, If Applicable Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____ | | 4. Date Incorporated or Qualified To Do Business in Florida <u>1/5/94</u> 5. FEI Number _____ 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip | | |
| <u>PRESIDENT</u> | <u>JOSE P. NUNEZ</u> | <u>14100 Biscayne Blvd #8</u> | <u>N. MIAMI, FL 33181</u> | | |
| <u>VICE PRESIDENT</u> | <u>JO NUNEZ</u> | <u>14100 Biscayne Blvd #8</u> | <u>N. MIAMI, FL 33181</u> | | |
| _____ | _____ | _____ | _____ | | |
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| _____ | _____ | _____ | _____ | | |
| | | | REINSTATEMENT 95-97 <u>A. Alan</u> <u>3/11/97</u> | | |
| 8. Name and Address of Current Registered Agent <u>JOSE P. NUNEZ PRESIDENT & Agent</u> <u>14100 Biscayne Blvd #8</u> <u>N. Miami, FL 33181</u> | | | 9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State <u>FL</u> Zip Code _____ | | |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>Jose P. Nunez Pres</u> Date <u>03/10/97</u> T SIGN | | | | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) | | | | | |
| 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. <u>Jose P. Nunez</u> <u>03/10/97</u> | | | | | |