

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 JAN -7 PM 2:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000000907**

1. Corporation Name

PANTERA POWER BOATS, INC.

Principal Place of Business

Mailing Address

14100 BISCAYNE BLVD. #7
 N. MIAMI FL 33181

14100 BISCAYNE BLVD. #7
 N. MIAMI FL 33181



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

99-01

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/05/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0503813	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	NUNEZ, JO	14100 BISCAYNE BLVD. #7	N. MIAMI FL 33181
V	NUNEZ, LINDA	14100 BISCAYNE BLVD. #7	N. MIAMI FL 33181
			900004790459--5 -01/23/02--01019--002 ***1050.00 ***1050.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NUNEZ, LINDA
 14100 BISCAYNE BLVD. #7
 N. MIAMI FL 33181

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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

[Signature]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

11/3/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/01
 Date

305-948-5600
 Daytime Phone #

CR2E040 (9/99)