PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC 17 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000059245

1. Corporation Name
Palm Beach Watersports, Inc.

2. Principal Office Address	3. Mailing Office Address
150 Australian Ave	5824 Lago del Sol Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: Lake Worth, FL
Zip: 33406 Country: U.S.A	Zip: 33467 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: Aug. 1, 1995

5. FEI Number: 65-0598051 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

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-01/02/02--01024--005
***1200.00 ***1200.00

Name: Joel McClintock
Street Address (P.O. Box Number is Not Acceptable): 5824 Lago del Sol Dr.
Suite, Apt. #, Etc.: [illegible]
City: Lake Worth State: FL Zip Code: 33467

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: Joel McClintock
REGISTERED AGENT MUST SIGN
Date: 12/12/01

CR2E081 (99/03)

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
President	Joel S. McClintock	5824 Lago del Sol Dr.	Lake Worth, FL 33467
V.P.	Michele A. McClintock	5824 Lago del Sol Dr.	Lake Worth, FL 33467
			MW

10. 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: Joel McClintock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
12/12/01 Date
561-719-5617 Daytime Phone #