

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 FEB 11 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P95000081703

1. Corporation Name

TOWMASTER ALUMINUM BOAT TRAILERS, INC.

2. Principal Office Address

119 Snowbird Avenue

3. Mailing Office Address

119 Snowbird Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip

33815

Country

Zip

33815-3775

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/95

5. FEI Number

59-3339340

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-02

7. Name and Address of Current Registered Agent

Name

Michael S. Edenfield, Esquire

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

206 Mason Street

Suite, Apt. #, Etc.

City

Brandon

State
FL

Zip Code
33511

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

REGISTERED AGENT MUST SIGN

Date **2/7/02**

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
P/T/ S/D	Warren D. Self	119 Snowbird Avenue	Lakeland, FL 33815

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

Date

(863) 687-7785

Daytime Phone #

CR2E081 (9/01)