PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

97 AR

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 22 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000030440

1. Corporation Name

FOX MARINE PRODUCTS CORPORATION

Principal Place of Business	Mailing Address
3958 CIR. LAKE DR. WEST PALM BEACH FL 33417	3958 CIR. LAKE DR. WEST PALM BEACH FL 33417

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

2. New Principal Office Address, If Applicable — NA
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable — NA
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/01/1996

5. FEI Number — Applied For ☐ Not Applicable ☑

6. CERTIFICATE OF STATUS DESIRED ☐ $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	FOX, THOMAS L	3958 CIR. LAKE DR.	WEST PALM BEACH FL 33417

900002382589--7
-12/24/97--01074--008
****165.00 ****165.00

8. Name and Address of Current Registered Agent

FOX, THOMAS L
3958 CIR. LAKE DR.
WEST PALM BEACH FL 33417

9. Name and Address of New Registered Agent

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

CR2E040 (9/97)

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: Thomas L Fox
REGISTERED AGENT MUST SIGN

Date: Dec 1, 1997

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receivor 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: Thomas L Fox — Thomas L Fox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 1, 1997
Date

561-688-9288
Daytime Phone #

12/1/97 (2)

Fox Marine Products Corp.
3958 Circle Lake dr.
W. Palm Beach, FL.

To Whom it may concern:

I did not receive annual reports. I called the number 850-487-6059 and was told to send this letter explaining that I did not receive my reports and I am sending a check for $165.00 with the required reinstatement form. Enclosed please find the requested material.

If you have any further questions please contact me at 561-688-9288 or 561.602-3955.

Thankyou.

Sincerely yours,
Thomas Fox