

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION.
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR 10 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

99-00
P97000010434

1. Corporation Name

Hudson Boat Products Inc.

8949 New York Ave.

Hudson, Florida 34667

2. Principal Office Address

3. Mailing Office Address

8949 New York Ave.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hudson, Florida

Zip

Country

Zip

Country

34667

U.S.A.

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/97

SP

5. FEI Number

59-3458807

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

Name

Douglas P. Sehl

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

14811 Pauline Dr.

Suite, Apt. #, Etc.

City

Hudson Florida

State

FL

Zip Code

34669

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

4/3/00

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
CEO PRES	DOUG SEHL	14811 PAULINE DR.	HUDSON FL 34669
VICE PRES	BEN STUDDOK	8949 NEW YORK AVE.	HUDSON FL 34667
VICE PRES.	DOUG SODRA	312 W. STATE ST.	GENEVA ILL. 60134
SEC.	D. SEHL	14811 PAULINE DR.	HUDSON FL 34669

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

Date

Daytime Phone #

4/3/00

727 992 7557

CR2081 (9/99)