

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 SEP 23 AM 12:56

DOCUMENT # P97000035530

**1. Corporation Name**

FORTRESS RECREATIONAL PRODUCTS INC.

**2. Principal Office Address**

750 SW 87 Terrace

Suite, Apt. #, etc.

City & State

Plantation, Florida

Zip  
33324

Country  
USA

**3. Mailing Office Address**

750 SW 87 Terrace

Suite, Apt. #, etc.

City & State

Plantation, Florida

Zip  
33324

Country  
USA

**REINSTATEMENT**

02-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4-18-1997

**5. FEI Number**

65-0748704

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

Samuel H. Bowers

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

750 SW 87 Terrace

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code  
33324

**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

Date 9-20-2005

REGISTERED AGENT MUST SIGN

**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
DP	Samuel H. Bowers	750 SW 87 Terrace	Plantation, Fl., 33324
DV	Edward Tarantelli	300 Marconi Blvd.	Columbus, Oh., 43215
D	Don Kearley	2000 Henderson Rd.	Columbus, Oh., 43220

**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

9-20-2005

Date

954-647-6512

Daytime Phone #

SEP 26 2005