PLEASE BEAD	ALL INST	BUCTIONS	BEFORE C	OMPLETI	ING THIS FORM.	······································	
APPLICATION	FLORIDA	A DEPARTMEN	VT OF STATE				
FOR REINSTATEMENT	}	Sandra B. Mor Secretary of S VISION OF CORPOR	State		FILED		
DOCUMENT # 197000	7-7	98 NOV 19 AH 8: 32					
Corporation Name	.,,	SECRETARY OF STATE					
EXTREME POWER BOATS, INC.] 	ALLAHASSEE. FLORIDA		
Principal Place of Business	Mailing Addre		38				
2519 MCMULLON 8017E 510-174	13007.	H ROAD				_	
CLEARWATER, FL				REIN:	STATEMENT	98	
If above addresses are incorrect in any way, line through incorrect information and enter of 2. New Principal Office Address, If Applicable 3. New Mailing Office Address 4. New Mailing Office Address 5. New Mailing Office Address 5							
ite, Apt. #, etc. Suite, Apt. #, etc.				5. FEI Number Applied For			
City & State	City & State			59-345>869 Not Applicable 6. \$8,75 Additional Fee required			
Zip Country	Zip	Country			OF STATUS DESIRED I for a Certifi	cate of Status	
			itions must list at lea- eet Address of Each licer and/or Director		City / State / Zip		
1 2 3 (Do NOT US			se Post Office Box N	BOBTHE	4	33761	
PRES MARK SPATE	S	50172	5/07/4 6	L. 34621	CLOBRWATOR FO	340	
M. 1		2519 M	64000000 1 510-114	B 0 07H R3	LLEARWATER, F	3376/ 72.3 1650 /	
						-	
	 ;						
			 ,		00002706480 -12/09/9801003		
					****750.00 ****		
	ĺ			}	- 	-	
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent Name				
NICK BANKO			Street Address /D	O Boy Number i	s Not Acceptable)		
SUITE 570 -174			Street Address (P.O. Box Number is Not Acceptable) Suite, Act. #, Etc.				
CLEARWATER FL. 34601							
33761-4/60			City State Zip Code				
10. I, being appointed the registered agent of the above	re named corpo	ration, am familiar wi	th and accept the ob	ligations of Section	on 607.0505, F.S.		
Strinature of Registered Agent X RE	GISTERED AGE	ENT MUST SIGN	<u>·</u>		Date		
11. This corporation owes or ha Intangible Personal Property			ar Yes□	No 🛛	(See other side for inform on intangible tax.)	nation	
12. I certify that I am an officer or director or the receiv this reinstatement application, the reason for dissol owed by the corporation have been paid and the no on this application is true and accurate, and my sig	ution has been (ames of individu	eliminated, the corpo uals listed on this form	rate name satisfies t n do not qualify for a	he requirements o In exemption und	of section 607,0401 or 617,0401 F.S. H	hafallfees Ì	
SIGNATURE: MICHAEL NAME OF SIGNING OFFICER OR DIRECTOR DIE BONKO 11/17/91 (727) 299-9292							