	DI EASE DEAD	ΛΙΙ ΙΝΙ ΟΞ	EDIATE IONO			ING THIS FORM.		
API	PLEASE READ PLICATION FOR	FLORID		STATE	7	ING THIS FORM.	10	
DIVISION OF CORPORATIONS					FILED			
DOCUMENT # P97000087340						99 JAN 11 AM 9:47		
1 Corporation Name						SEURETARY OF STATE		
SMALLOW DRAFT BOAT WORKS, INC.						AHASSEE, FLORIDA		
Principal Place of Business Mailing Address								
18178 PETI PT. CHARM	USKEY CIR. OTTE FL	-242 66						
If above addresses are incorrect in any way, line through Incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					4 Data Incorp	arated or Qualiflad		
Suite, Apt. #, etc. Suite, Apt. #					Date Incorporated or Qualified To Do Business in Florida 10/09/1997			
29420 Bermont Rd 294 City & State 420 Bermont Rd City & Sta) Bermont		5. FEI Number	59-3482435	Applied For Not Applicable	
Punta Gorda, Fl F			unta Gorda, Fl 82 Charlotte					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu		ımbers)	City / State / 2	Zip		
,D				P.O. BOX 122 18178 Petoskey Cir		ARCADIA FL 34266 Port Charlotte	F1 33948	
D	STEPHENS, CHOIS	P.D. 50X-122			ARCADIA-FL 34266			
				10	8430027426- -01/14/990112 ****150-00 **	41—3 20—001 ***150.00		
8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Registered Agen		
Wolfson, Stephen W 18178 Petuskey Cir.				Street Address (P.O. Box Number is Not Acceptable)				
PT. CHARLOTTE FL				Suite, Apt. #, Etc.				
City					State Zip Code			
10. I, being appointed the registered agent of the above named corposition, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTER PASENT MUST SIGN Date								
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 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 safe legal effect as if made under oath. SIGNATURE:								
	SIGNATURE AND TYPES OF SE	NTED NAME OF S	TONING CAPE FED ON	RECTOR		Plate Daytime	Phone #	

Stephen W. Wolfso



SHALLOW DRAFT BOAT WORKS, INC.

29420 BELMONT ROAD PINTA GOLDA, FLORIDA 33982 941 627-2998 OR 941 505-2511 FAX: 941 505-2422

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December 15, 1998

Department of State Divison of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

This is the first notice that we have received due to an incorrect mailing address. I spoke with a representative from your office today and he instructed us to send a letter stating that we had not received any notices an explanation. He also said to include a check for \$150.00 for a one time only reinstatement fee.

Enclosed you will find a corrected reinstatement application and a check for \$150.00.

Thank you for your consideration in this matter.

Sinceroly

Stephen W. Wolfso Registered Agent

SW/sb

Enclosures (2)