

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000105898

1. Corporation Name

B AND B BOATS, INC.

2. Principal Office Address

3568 OLD WINTER GARDEN ROAD

Suite, Apt. #, etc.

City & State

ORLANDO

Zip
FL

Country
USA

3. Mailing Office Address

3568 OLD WINTER GARDEN ROAD

Suite, Apt. #, etc.

City & State

ORLANDO

Zip
FL

Country
USA

REINSTATEMENT

FILED

04 JUL -7 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700021785757

05/06/04--01064--021 **150.00

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

5. FEI Number
59-3483529

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
OVIDIO OROL

Street Address (P.O. Box Number is Not Acceptable)
2644 TREYMORE DRIVE

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32825

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 04/30/04

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
PSTD	OROL, OVIDIO	2644 TREYMORE DRIVE	ORLANDO, FL 32825
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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

04/30/04

Date

Daytime Phone #

CR2E081 (01/04)