

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 28 AM 11:15

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000020721

1. Corporation Name

ALPHA Z MOTORBOATS LIMITED, INC.

300061796643
11/30/05--01046--008 **1050.00

2. Principal Office Address

6582 Palmer Park Circle

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34238

Country

USA

3. Mailing Office Address

P.O. Box 758

Suite, Apt. #, etc.

City & State

Osprey, Florida

Zip

34229

Country

USA

REINSTATEMENT
CR2E081 (8/05)

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

3/4/98

5. FEI Number

650825852

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

Richard R. Gans

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

1515 Ringling Boulevard

Suite, Apt. #, etc.

10th Floor

City

Sarasota

State
FL

Zip Code
34236

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

11/22/05

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
D	Jeffrey F. Jones	6582 Palmer Park Circle	Sarasota, Florida 34238

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

11/22/05

Daytime Phone #

11/22/05