PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT		A DEPARTMENT OF STATE Katherine Harris Secretary of State VISION OF CORPORATIONS			FILED LUNE TARY O IVISION OF COR OO SEP 28 AI		
DOCUMENT # P98000023516 1. Corporation Name							
BOATLIFT SERVICE OF SOUTH FLORIDA, THO							
2. Principal Office Address 17002 SW 86TH AVE. Suite, Apt. #, etc.	3. Mailing Office Address 17002 SW 86TH AVE Suite, Apt. #, etc.			1			
n/a I		7/8		4. Date Incorporated or Qualified To Do Business in Florida 3 17 1998			
MIAMI, FL	41, FL MIAMI,			5. FEI Numb	per	Applied For X Not Applicable	
33157 USA	^{zip} 33157	USA	}	6. CERTIFICAT	E OF STATUS DESIRED S	8.75 Additional Fee required for a Certificate of Status	
Name	7. Name	and Address of Cu	rrent Registe				
*****300.00 *****300.00 *****300.00 ******300.00							
City MIAMI				State Zip Code 33157			
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 B - Solution REGISTERED AGENT MUST SIGN							
Names and Street Addresses of Each Officer and	or Director (Florida	nonprofit corporations	s must list at le	east 3 directors)			
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
KAREN B. SAL					1	33/57	
ECY DAVID E. SAL	IERS 17	1002 SW	<u>867H</u>	AVE.	MIANI, FL	33157	
				· .			
					1/h 90/2		
<u> </u>							
0. 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: KOUN B. SOLUND KAREN B. SIGLERS 305 254 211 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #							

BOATLIFT SERVICE OF S. FLORIDA, INC

17002 SW 86th Avenue

Miami, FL 33157

Phone: (305) 971-5492 *** Fax: (305) 971-4701

none. (303) 971-3492 · · · · · · Fax. (303) 971-4701

September 25, 2000

Florida Department of State Katherine Harris, Secretary of State Division of Corporations

To Whom It May Concern,

I am writing this to request Corporation Reinstatement of Boatlift Service of South Florida, Inc..

David Saliers (husband) and I formed Boatlift Service of S. Florida, Inc. and became incorporated on March 17, 1998. We sought out the legal council of attorney Peter B. Cagle.

Upon his advice and supposedly to eliminate the need for the possibility of repeated trips to his office for additional signatures, etc.., he advised that we form our corporation listing himself, Peter B. Cagle and his secretary, Gwendelina Thomas as officers/directors. Upon the receipt at his office of the "articles of incorporation" we would be notified. At that time a form would be completed to be forwarded to the Florida Department of State informing of the change of Registered Agent/Officers/Directors to the names of Karen B. Saliers and David E. Saliers (us).

When we were notified of the arrival of the "articles of incorporation" etc.. we met with Peter B. Cagle, <u>completed</u> the notice of name change and paid his fee of \$600.00.

We have never received any Annual Reports nor were we aware of the necessity of this report.

Until recently, when we inquired with a bank concerning the opening of a new business checking account, we were unaware of the Administrative Dissolution of the corporation.

We have contacted Peter B. Cagle, who informs us that IF he received an Annual Report he would have forwarded it to our address. I emphasis his response.....IF.......because I am quite sure he received the report as his name and address are still shown. He stated that he would have forwarded it to our address on file with his office, however, we had moved and the forwarding may have expired at which time the annual report would have been returned to his office. We received no telephone call (phone number has not changed and is a listed number) or correspondence from his office.

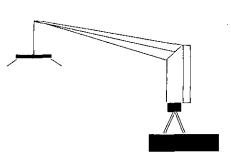
I am respectfully requesting a waiver of the \$600.00 reinstatement fee and have included the Annual Report Fee of \$61.25 per year for the years 1999 and 2000 and the Corporate Supplemental Fee of \$88.75 per year for the years 1999 and 2000 for a total of \$300.00 along with the completed Corporation Reinstatement.

I appreciate your attention to this matter.

Sincerely, Harin B. Saluro

Karen B. Saliers,

President



DAVITS, CRADLES & ELEVATORS