PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 19 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000035740

1. Corporation Name

JAGUAR MARINE, INC.

Principal Place of Business	Mailing Address
1911 SW 31 AVE PEMBROKE PARK FL 33009	1911 SW 31 AVE PEMBROKE PARK FL 33009

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 04/20/1998 SP

5. FEI Number: 65-0881724 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	ELIZABETH CLARK	1601 NE 168ST	NO MIAMI BEACH, FL 33162

700003061127--4
-12/06/99--01021--010
***750.00 ***750.00

8. Name and Address of Current Registered Agent

CLARK, JOHN A
1911 SW 31 AVE
PEMBROKE PARK FL 33009

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: John A Clark SIGN HERE REQUIRED — Date: 10/21/99

REGISTERED AGENT MUST SIGN

11. 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: Elizabeth Clark SIGN HERE REQUIRED — 10/21/99 — (305)655-1270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELIZABETH

Date — Daytime Phone #

Q016677 AF