


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	05 AUG 12 PM 4:49 <b>REINSTATEMENT</b> <i>0206</i>	
<b>DOCUMENT #</b> 1. Corporation Name Platinum Power Boats, Inc. #P98000058817				
<b>2. Principal Office Address</b> 2900 E. Oakland Park Blvd.		<b>3. Mailing Office Address</b> 2900 E. Oakland Park Blvd.		
Suite, Apt. #, etc. Third Floor		Suite, Apt. #, etc. Third Floor		
City & State Fort Lauderdale, Florida		City & State Fort Lauderdale, Florida		
Zip 33306	Country USA	Zip 33306	Country USA	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 6/29/98		
		<b>5. FEI Number</b> 522110426	Applied For <input type="checkbox"/> Not Applicable	
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>		
<b>7. Name and Address of Current Registered Agent</b>				
Name Sean L. Moore				
Street Address (P.O. Box Number is Not Acceptable) 2900 E. Oakland Park Blvd.				
Suite, Apt. #, Etc. Third Floor				
City Fort Lauderdale,		State FL	Zip Code 33306	
<b>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.</b>				
Signature of Registered Agent <i>Sean L. Moore</i>		Date 8/11/05		
REGISTERED AGENT MUST SIGN				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
DP	Andreas Oliver Trost	2900 E. Oakland Park Blvd. 3rd Floor	Fort Lauderdale, FL 33306	
VS	Sean L. Moore	2900 E. Oakland Park Blvd. 3rd Floor	Fort Lauderdale, FL 33306	
<b>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)(f), 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.</b>				
SIGNATURE: <i>Sean L. Moore</i>		8/11/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone # 954-564-8446	

CR2ED081 (01/05)