

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR 21 PM 4:29

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000082758

1. Corporation Name

Hunter's Marine Performance, Inc.

2. Principal Office Address

12021 N.W. 26 Street

Suite, Apt. #, etc.

City & State

Plantation

Zip

33323

Country

Broward

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Florida

Zip

Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

9/15/98

5. FEI Number

650868865

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

MONICA R. BAILEY

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

17760 N.W. 2 Avenue

Suite, Apt. #, Etc.

100

City

Miami

State

FL

Zip Code

33169

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

*Monica R. Bailey*

REGISTERED AGENT MUST SIGN

Date

2/9/05

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	Larry A. Hunter	12021 N.W. 26 Street	Plantation, FL 33323

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

*Larry Hunter* Larry Hunter

Date

4-15-05

Daytime Phone #

954-261-9723

CR2001 (01/05)