PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00-01W252

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 10 AM 8:14

DOCUMENT # P99000056350

1. Corporation Name

Cobra Hovercraft, Inc.

2. Principal Office Address	**3.** Mailing Office Address
2600 Hammondville Rd.	621 NE 57th Street
Suite, Apt. #, etc. #42	Suite, Apt. #, etc.
City & State Pompano Bch, FL	City & State Ft. Lauderdale FL
Zip 33069 Country USA	Zip 33334 Country USA

4. Date Incorporated or Qualified To Do Business in Florida June 21, 1999

5. FEI Number — X 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: Luiz C. DaSilva

Street Address (P.O. Box Number is Not Acceptable): 621 NE 57th Street

Suite, Apt. #, Etc.:

City: Fort Lauderdale State: FL Zip Code: 33334

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-05/24/01--01087--009
****300.00 ****300.00

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 [signature] Date 4-26-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
P/V/D	Luiz C. DaSilva	621 NE 57th Street	Ft. Lauderdale, FL 33334

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] (Luiz C. DaSilva) 4-26-01 (561) 635-7385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

April 27, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

The reason that the annual report for the year 2000 on the corporation of Cobra Hovercraft, Inc., Document number P99000056350 was not filed is because I never recieved the forms to do so.

I have applied for a Federal Employer Identification number.

I understand the fee for reinstatement for my company is $300.00 Which is enclosed.

I never recieved the annual report forms for 2001. My new mailing address for my corporation is:

Luiz C. DaSilva
621 NE 57th Street
Fort Lauderdale, FL 33334
(561) 635-7385

Thank you for your cooperation.

Sincerely,

Luiz C. DaSilva