

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

2600 Hammondville Rd.

Suite, Apt. #, etc.

42

City & State

Pompano Bch, FL

Zip

33069

Country

USA

3. Mailing Office Address

621 NE 57th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33334

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 21, 1999

5. FEI Number

☒ 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

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]

REGISTERED AGENT MUST SIGN

Date

4-26-01

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Luiz C. DaSilva)

Date

4-26-01 (561) 635-7385

Daytime Phone #

CR2E081 (9/00)

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 Ailed is because I never recieved the forms to do so.

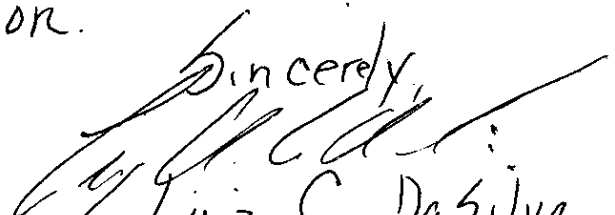
I have applied for a Federal Employer Identification number.

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