


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2 of 2

REV 3-1-1006/CE-3

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
**01 MAY 30 PM 12:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DOCUMENT #** S 41659

**1. Corporation Name**

BOAT SEATS INTERNATIONAL, INC.

**2. Principal Office Address**

1095 E. 27 STREET

Suite, Apt. #, etc.

City & State

HALEAH FL

Zip

33013

Country

U.S.

**3. Mailing Office Address**

1197 S.W. 133 PL

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33184

Country

U.S.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/29/1991

**5. FEI Number**

65-0347051

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

ANICETO E. FERNANDEZ

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

1197 S.W. 133 PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

**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

Aniceto E. Fernandez

REGISTERED AGENT MUST SIGN

Date 5/24/01

**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	ANICETO E. FERNANDEZ	1197 S.W. 133 PL	MIAMI, FL 33184
S	" " "	"	"
T	" " "	"	"

**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 application are correct. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

Aniceto E. Fernandez  
**SIGNATURE: ANICETO E. FERNANDEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/01

Date

305-836-8101

Daytime Phone #

CR2001 (9/00)