

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 31 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000020983

1. Corporation Name
R-2 BOATS INC.

2. Principal Office Address
6830 NE JACKSONVILLE RD

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA FL

City & State

Zip Country
34479 MARION

Zip Country

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida 02/23/00

5. FEI Number Applied For
65-0986532 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
RALPH NICHOLS

Street Address (P.O. Box Number is Not Acceptable)
6830 NE JACKSONVILLE RD

800009751612
12/30/02--01115--021 ***00.00

Suite, Apt. #, Etc.

City
OCALA

State Zip Code
FL 34479

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 *Ralph Nichols*

Date 12/5/02

REGISTERED AGENT MUST SIGN

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/T	RALPH NICHOLS	6830 NE JACKSONVILLE RD	JACKSONVILLE FL 34479

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: *Ralph Nichols*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/05/02 352-732-6132
Daytime Phone #

CR2E081 (9/01)

js 1/3