

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT -8 PM 3:39

DOCUMENT # **P93000085258**

1. Corporation Name

HALF-A-BOAT, INC.

SECRETARY OF STATE
1111 WASHINGTON, FLORIDA

Principal Place of Business
308 E. Lancaster Ave.
Wynnewood, PA 19096

Mailing Address
308 E. Lancaster Ave.
Wynnewood, PA 19096

Handwritten mark

REINSTATEMENT 94-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
N/A

3. New Mailing Office Address, If Applicable
N/A

4. Date Incorporated or Qualified
To Do Business in Florida
December 8, 1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Director	J. Eustace Wolfington	308 E. Lancaster Ave.	Wynnewood, PA 19096

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

J. Eustace Wolfington
5101 North A-1-A, #105
Vero Beach, FL 32963

Name

N/A

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Handwritten signature of J. Eustace Wolfington

REGISTERED AGENT MUST SIGN

Date 10/7/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Handwritten signature of J. Eustace Wolfington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Eustace Wolfington

10/7/99
Date

(610) 896-9202
Daytime Phone #

CR2001 (12/96)



ACCOUNT NO. : 072100000032
 REFERENCE : 403814 4319660
 AUTHORIZATION :
 COST LIMIT : \$ 1508.75

Patricia P.

 ORDER DATE : October 7, 1999
 ORDER TIME : 11:45 AM
 ORDER NO. : 403814-005 700003010397--5
 CUSTOMER NO: 4319660
 CUSTOMER: Cara L. Levy, Esq
 Fox Rothschild O'Brien &
 2000 Market Street, 10th Floor
 Philadelphia, PA 191033291

DOMESTIC FILINGS

NAME: HALF-A-BOAT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- XX _____ PLAIN STAMPED COPY
- XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson
 EXAMINER'S INITIALS _____

RECEIVED
 99 OCT -8 PM 2: 08
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA