

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 MAY 23 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066120

1. Corporation Name

EAGLE BOATS, INC.

2. Principal Office Address

Rt. 19, Box 625

Suite, Apt. #, etc.

City & State

Lake City, FL 32055

Zip

32055

Country

USA

3. Mailing Office Address

P.O. Box 252

Suite, Apt. #, etc.

City & State

Lake City, FL 32055

Zip

32055

Country

USA

**REINSTATEMENT**

96-00

4. Date Incorporated or Qualified  
To Do Business in Florida

9-8-94

5. FEI Number  
59-3271452

Applied For **SP**  
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

F. S. Oosterhoudt, III

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

Route 19, Bpx 625

Suite, Apt. #, Etc.

City

Lake City

State  
FL

Zip Code

32055

700003298647-6

06/21/00-01034-020

\*\*\*1350.00 \*\*\*1350.00

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

REGISTERED AGENT MUST SIGN

Date 5-2-00

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/D	F.S. Oosterhoudt, III	Rt. 19, Box 625	Lake City, FL 32055
D	Micheal Oosterhoudt	Rt. 19, Box 625	Lake City, FL 32055
D	Patrick Oosterhoudt	Rt. 19, Box 625	Lake City, FL 32055

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-00

Date

Daytime Phone #

CF2E081 (8/98)