

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 716330

1. Corporation Name

MIAMI SPORTFISHING CLUB, INC.

Principal Place of Business

1711 W. 38TH PLACE
UNIT #1104
HIALEAH FL 33012-7033

Mailing Address

1711 W. 38TH PLACE
UNIT #1104
HIALEAH FL 33012-7033

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1969

5. FEI Number

23-7287415

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MARONA, DANNY	8165 W 18 AVE	HIALEAH FL 33
VD	MARRERO, OMAR	12451 SW 71 ST	MIAMI FL 33183
SD	PESI, DAVID	8040 SW 15 ST	MIAMI FL 33144
PD	CASTILLO, ERIC	8330 NW 166 TR	MIAMI LAKES FL 33016
TD	VAN CUREN, Kenneth	7720 NW 36 STREET	Hollywood FL 33024
SD	Michael Camus	7850 NW 146 ST STE 423	MIAMI FL 33016

8. Name and Address of Current Registered Agent

CASTILLO, ERIC
8330 NW 166 TR
MIAMI LAKES FL 33016

Hyde, George
1015 HIALEAH DR
HIALEAH FL 33010

9. Name and Address of New Registered Agent

Name
GEORGE HYDE
Street Address (P.O. Box Number is Not Acceptable)
1015 E HIALEAH DRIVE
Suite, Apt. #, Etc.
300003993173--5
City
HIALEAH
State
FL
Zip Code
33010

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

George Hyde

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-20-10

11. 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 of David Pesl President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

300003993173--5

04/12/01--01010--003

****2385****2385

Date 10/19/08

Daytime Phone #

CR2E040 (8/00)