

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

#11157
06 DEC 15 PM 2:46
TALLAHASSEE, FLORIDA

DOCUMENT # 119827

1. Corporation Name

MARTIN COUNTY ANGLERS CLUB, INC.

2. Principal Office Address

1528 SW MAPP RD

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

34990

Country

MARTIN

3. Mailing Office Address

~~PO BOX 2932~~

Suite, Apt. #, etc.

1528 SW MAPP RD

City & State

~~STUART~~ PALM CITY FL

Zip

34990

~~34995~~

Country

MARTIN

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

12/31/1969

5. FEI Number

592354203

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

JAMES L. WEIX

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

1528 SW MAPP RD.

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

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

James L. Weix

REGISTERED AGENT MUST SIGN

Date 12/12/06

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 |
|-----------|-----------------------------------|--|---------------------|
| President | James L. Weix | 1528 SW Mapp Rd | Palm City, FL 34990 |
| VP | Vince McManus | 128 Everglades Blvd. | Stuart, FL 34996 |
| Sec. | Howard Howard Stroger | 291 SE Edgewood Dr. | Stuart, FL 34996 |
| Treas. | Howard Stroger | 291 SE Edgewood Dr. | Stuart, FL 34996 |
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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 contained in Chapter 119, 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

James L. Weix

Date

12/12/06

Daytime Phone #

772-288-1900