

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT



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

FILED

02 OCT 31 AM 10: 04

1. DOCUMENT # L01000013335  
Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

0010511 01 FP 0.352 \*\*PRSR T H9 0 0615 34711-745582  
ALL ANGLING, L.C.  
382 HATTERAS AVE.  
CLERMONT FL 34711-7455

MJH



10/31

CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 382 HATTERAS AVE. CLERMONT FL 34711		5. Date Organized or Qualified To Do Business in Florida 08/08/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3737317 Applied For Not Applicable	
8. Name and Address of Current Registered Agent FINKBEINER, FRANK G 108 E. HILLCREST ST. ORLANDO FL 32801		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400008731474 10/31/02--01077--001 **50.00 City FL Zip Code	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date 10-24-02  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR	John David Burkhardt	10590 Lake Hill Drive	Clermont, FL 34711

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date 10/24/02 Daytime Phone # 352 243 0873  
Typed or printed name of signing Managing Member/Manager

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# Triple Fish

**Intl.**

**382 Hatteras Ave., Clermont, Fl. 34711**

**Ph: 352-243-0873- Fax : 352-243-0874**

E-mail: [customerservice@triplefish.net](mailto:customerservice@triplefish.net)

10/24/02

To Whom It May Concern,

I talked to Joey at this # 850-245-6051 about not receiving the UBR for 2002. He advised me to write to you and let you know we did not receive this form. Joey said to send the amount of \$50.00 with the form and to look for the UBR for 2003 in January, if we do not receive it to call ASAP.

Thank you,  
Pam Matson  
Office Manager