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 NOV 22 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15171

1. Corporation Name

LADIES ANNUAL FISHOFF, INC.

Principal Place of Business	Mailing Address
~~KENNEDY & ASSOCIATES~~ ~~1000 E ATLANTIC BLVD. STE 100~~ ~~POMPANO BEACH FL 33060~~	~~% EUGENE M. KENNEDY, P.A.~~ ~~317 SW 1ST AVE.~~ ~~FT. LAUDERDALE FL 33301~~

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: P.O. Box 5779	Suite, Apt. #, etc.: Same
City & State: Lighthouse Point, FL	City & State:
Zip: 33074 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/30/1996 SP

5. FEI Number: 59-2719702 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
STD	KENNEDY, DEBORAH	985 S.E. 9 AVENUE	POMPANO BEACH FL 33060
VPD	FITZPATRICK, JULIE	1792 S.E. 4 STREET	POMPANO BEACH FL 33060
PD	SKERRY, THERESA	P.O. BOX 4882 N/A	DEERFIELD BEACH FL 33442
		200003058702---4	-12/02/99--01041--019
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

~~KENNEDY, EUGENE M ESQ.~~
~~517 SOUTHWEST 1ST AVE.~~
~~FT LAUDERDALE FL 33301~~

9. Name and Address of New Registered Agent

Name: J. Fitzpatrick
Street Address (P.O. Box Number is Not Acceptable): 2811 NE 48 Street
Suite, Apt. #, Etc.:
City: Lighthouse Point State: FL Zip Code: 33064

CR2E040 (5/98)

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: Julie Fitzpatrick REQUIRED Date: 11/5/99
REGISTERED AGENT MUST SIGN

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: Julie Fitzpatrick REQUIRED 11/5/99 (954) 783-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #