

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



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

FILED

00 JUL 31 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N96000005361

**1. Corporation Name**  
MANGROVE COAST FLY FISHERS, INC.

**2. Principal Office Address**  
3795 Countryside Rd.

**3. Mailing Office Address**  
P. O. Box 3792

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Sarasota, FL

**City & State**  
Sarasota, FL

**Zip** 34233 **Country** USA

**Zip** 34230 **Country** USA

**4. Date Incorporated or Qualified To Do Business in Florida** 10/18/1996

**5. FEI Number** 65-0720457

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** W. Lee McGinness  
**Street Address (P.O. Box Number is Not Acceptable)** 1800 Second Street  
**Suite, Apt. #, Etc.** Suite 971  
**City** Sarasota

200003351552-7

09/09/00-01097-005

**REINSTATEMENT**

\*\*\*358.75 TO \*\*\*358.75

**State** FL **Zip Code** 34236

**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** *[Signature]*

**Date** 6/19/00

REGISTERED AGENT MUST SIGN

**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	Craig Morrison	3795 Countryside Rd.	Sarasota, FL 34233
VP/D	John Wilson	4879 Commonwealth Dr.	Sarasota, FL 34242
S/D	Roger Williams	219 4th Ave. East	Bradenton, FL 34208
T/D	Richard Smith	4915 18th Ave. West	Bradenton, FL 34209
D	Rick Grasset	2447 Waneta Dr.	Sarasota, FL 34231
D	Steve Warren	1236 Tree Bay Ln.	Sarasota, FL 34242

See attached for additional Directors

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/00 941-364-3553  
Date Daytime Phone #

CR2E081 (9/99)

DPAC 2/12

CORPORATION REINSTATEMENT  
Mangrove Coast Fly Fishers, Inc.  
Document #N96000005361

9. Names and Street Address of Each Officer and/or Director - Continued

D	Bill Hopper	3471 Lalani Blvd.	Sarasota, FL 34232
D	Craig Smothers	5526 Shady Brook Tr.	Sarasota, FL 34243