

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

02 OCT 29 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000041870**

1. Corporation Name

OLD FLORIDA FLY REEL CO.

Principal Place of Business

Mailing Address

~~7041 SW 21ST PLACE
#1
DAWIE FL 33317~~

~~10420 N.W. 19 ST
PEMBROKE PINES FL 33026~~

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

2. New Principal Office Address, If Applicable

1508 NW 183 Terr

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

Zip
33029

Country
Broward

3. New Mailing Office Address, If Applicable

1508 NW 183 Terr

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

Zip
33029

Country
Broward

4. Date Incorporated or Qualified To Do Business in Florida

04/24/2000

5. FEI Number

65-1012272

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
D	CONOVER, PAUL J	10420 N.W. 19 ST	PEMBROKE PINES FL 33026
D	CONOVER, MARY J	10420 N.W. 19 ST	PEMBROKE PINES FL 33026
D	CONOVER, JESSICA L	18801 NW 22ST	PEMBROKE PINES FL 33026
D	CONOVER, JOHN A	18801 NW 22ST	PEMBROKE PINES FL 33026

8. Name and Address of Current Registered Agent

**CONOVER, PAUL J
10420 N.W. 19 ST
PEMBROKE PINES FL 33026**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
300008666419
Suite, Apt. #, Etc. **10729702--01065--013 **750.00**
City
State **FL** Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (802)