

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 10/2

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR REINSTATEMENT

DOCUMENT # P93000037597

1. Corporation Name

BAITMASTERS OF SOUTH FLORIDA, INC.

Principal Place of Business

6911 NE 3RD AVE
MIAMI FL 33138
US

Mailing Address

6911 NE 3RD AVE
MIAMI FL 33138
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/26/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0426540

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| D | PUMO, MARK | 6911 NE 3RD AVE | MIAMI FL 33138 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

100008756161
11/01/02--01044--019 **150.00

Handwritten signature

8. Name and Address of Current Registered Agent

PUMO, MARK
6911 NE 3RD AVE
MIAMI FL 33138

9. Name and Address of New Registered Agent

| | | |
|--|-------|----------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| Suite, Apt. #, Etc. | | |
| City | State | Zip Code |
| | FL | |

CR2E040 (802)

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 *Mark Pumo* SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-28-02

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: *Mark Pumo* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/12/02 305-781-7007
Daytime Phone #

pg 2 of 2



10-28-02

I never received the UBR notices.

Mark D. Lund

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