

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

H36383
LOXAHATCHEE BAIT AND TACKLE, INC.

00 DEC 21 PM 5:13

Principal Place of Business

Mailing Address

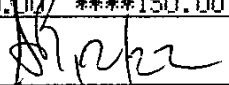
14567 SOUTHERN BLVD.
P.O. BOX 1322
LOXAHATCHEE FL 33470

14567 SOUTHERN BLVD
LOXAHATCHEE FL 33470
US



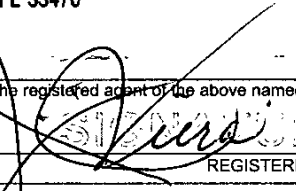
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/31/1984	
City & State		City & State		5. FEI Number	
Zip		Country		59-2438004	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	VIERA, JOSE	14567 SOUTHERN BLVD.	LOXAHATCHEE FL
VP	MORROW, CRISTINA	16859 77TH LANE NO	LOXAHATCHEE FL
T	VIERA, CRISTINA	11851 51ST CT N	ROYAL PALM BCH FL
S	VIERA, LISSETTE	17853 87TH LANE NORTH	LOXAHATCHEE FL 33470
			500003514595-7 -12/27/00--01070--004 ****150.00 ****150.00
			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VIERA, JOSE 14567 SOUTHERN BLVD LOXAHATCHEE FL 33470		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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  Date 10-24-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jose Viera

Date 10-24-00

Daytime Phone # 561-793-6558

CR2ED40 (8/00)

H36383

(2)

Joxahatchee bait \$1 tackle

We have already paid this application
back in April. We were never notified that
there was a problem with our application.
until October. I spoke to Tyronne and he
advise me to ask all fees be waived
but to still send the \$150.00 cashiers check.

J McIntire