

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS



DOCUMENT # **H36383**  
 1. Corporation Name  
**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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	12/31/1984
5. FEI Number	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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

VIERA, JOSE  
 14567 SOUTHERN BLVD  
 LOXAHATCHEE FL 33470

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 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.

Signature of Registered Agent [Signature] 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] Jose Viera Date 10-24-00 Daytime Phone # 561-793-6558  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)

H36383

(2)

Jorachatawe 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