

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 OCT 16 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 589714

**1. Corporation Name**

KINGSBURY & SONS TACKLE, INC.

**2. Principal Office Address**

1801 S. FEDERAL HWY.

Suite, Apt. #, etc.

**3. Mailing Office Address**

1801 S. FEDERAL HWY.

Suite, Apt. #, etc.

**City & State**

FT. LAUDERDALE, FL.

**Zip**

33316

**Country**

BROWARD

**City & State**

FT. LAUDERDALE, FL.

**Zip**

33316

**Country**

BROWARD

**4. Date Incorporated or Qualified**

To Do Business in Florida 10-12-1978

**5. FEI Number**

59-1855473

**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**

DAVID KINGSBURY

**Street Address (P.O. Box Number is Not Acceptable)**

1801 S. FEDERAL HWY.

**Suite, Apt. #, Etc.**

**City**

FT. LAUDERDALE

**State**

FL

**Zip Code**

33316

**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

*David Kingsbury*  
REGISTERED AGENT MUST SIGN

Date 10-11-2000

**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
PD	DAVID KINGSBURY	5210 S.W. 90 <sup>TH</sup> AVE.	CORCOR CITY, FL 33328

REINSTATEMENT 00 TS

**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:**

*David Kingsbury*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-2000

Date

(954) 467-3474

Daytime Phone #

CR2E081 (9/99)