

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 AUG 17 9:49

DOCUMENT # 723224

1. Corporation Name

EVERGLADES BASSMASTERS OF SOUTH FLORIDA, INC.

2. Principal Office Address

715 Northshore Dr.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

3. Mailing Office Address

715 Northshore Dr.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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

Daniel Potts

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

715 Northshore Dr.

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

100058690281
08/17/05-01027-004-4297-50

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

Daniel Potts

REGISTERED AGENT MUST SIGN

Date

8/11/05

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	Ray Roberts	900 Cypress Way	Boca Raton, FL 33486
VPD	Doug Browning	521 Ibis Dr.	Delray Beach, FL 33444
TD	Mark Sommer	1312 NW 104 Dr.	Coral Springs, FL 33076
SD	Scott Lennox	6503 N. Military Tr. #1402	Boca Raton, FL 33496
TD	Daniel Potts	715 Northshore Dr.	Deerfield Beach, FL 33442

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:

Daniel Potts

Daniel Potts 8/11/05 954-426-8418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (01/05)

B. Mitchell AUG 18 2005