


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
01 MAY 21 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 768448

1. Corporation Name

FISH AND GAME UNLIMITED, INC.

2. Principal Office Address

P.O. BOX 901262

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLORIDA

Zip

33090-1262

Country

Miami-Dade

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2328264

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

JOHN M. LYNN

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

48 NE 15th Street,

Suite, Apt. #, Etc.

Second Floor

City

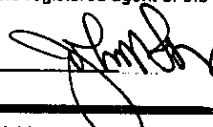
Homestead

State  
FL

Zip Code  
33030

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



Date May 11, 2001

REGISTERED AGENT MUST SIGN

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
Pres/Dir	JAY PRIDGEN	805 N. W. 9th COURT	HOMESTEAD, FLORIDA 33030
VP /Dir	DAVID BEEM	1116 N. FLAGLER AVENUE	HOMESTEAD, FLORIDA 33030
Sec/Dir	GARY FERGURSON	1114 N. FLAGLER AVENUE	HOMESTEAD, FLORIDA 33030
Tre/Dir	DON ANDERSON	460 N.E. 18th AVENUE, #114	HOMESTEAD, FLORIDA

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 8520

5-11-01 (305) 260-8520

CR2E01 (9/00)