

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **768448**

1. Corporation Name

FISH AND GAME UNLIMITED, INC.

Principal Place of Business

Mailing Address

P.O. BOX 901262
HOMESTEAD FL 33090-1262

P.O. BOX 901262
HOMESTEAD FL 33090-1262

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

REINSTATEMENT



700025190837
12/03/03--01034--022 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1983

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PRIDGEN, JAY	805 N.W. 9TH COURT	HOMESTEAD FL 33030
SD	SHIVERS, JIM	PO BOX 901262	HOMESTEAD FL 33090
SD	FERGURSON, GARY	1114 N. FLAGLER AVE.	HOMESTEAD FL 33030
TD	ANDERSON, DON	460 N.E. 18TH AVE., #114	HOMESTEAD FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LYNN, JOHN M.
48 N.E. 15 STREET
SECOND FLOOR
HOMESTEAD FL 33030

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/20/03

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

GARY FERGUSON

Date

Daytime Phone #

11/20/03

305-247-4535

CR2E040 (7/03)