

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F02000005424

1. Corporation Name

ALL ABOUT FISH, INC.

Principal Place of Business

57 WASHINGTON AVE.  
LEONARDO NJ 07737

Mailing Address

57 WASHINGTON AVE.  
LEONARDO NJ 07737

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/2002

5. FEI Number

22-3702783

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
P	HAGER, DONALD	57 WASHINGTON AVE.	LEONARDO NJ 07737

8. Name and Address of Current Registered Agent

HAGER, DONALD  
5330 LUNA VISTA DR.  
NEW PORT RICHEY FL 34652

9. Name and Address of New Registered Agent

Name Hager, Donald  
Street Address (P.O. Box Number is Not Acceptable)  
4330 127th Street West  
Suite, Apt. #, Etc. \_\_\_\_\_  
City Cortez FL State FL Zip Code 34215

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

Donald E. Hager  
REGISTERED AGENT MUST SIGN

Date

9/29/03

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:

Donald E. Hager  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/29/03 732-291-4222

CR2E040 (7/03)