PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 16 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F39512

1. Corporation Name

Buccaneer Rope Co. of Florida, Inc.

Principal Place of Business	Mailing Address
22319 AL Hwy 79 Scottsboro, AL 35768	

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

REINSTATEMENT 99

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

4. Date Incorporated or Qualified To Do Business in Florida 6/4/81

5. FEI Number 59-2115345 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President ~~CEO-Admin~~	~~Daniel M. Pockman~~	~~22319 Al Hwy 79~~	~~Scottsboro, AL 35768~~
Sec/Treas ~~CEO-Man.~~	T.W. Pockman	22319 Al Hwy 79	Scottsboro, AL 35768
Chairman	W.W. Pockman	22319 Al Hwy 79	Scottsboro, AL 35768

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****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Daniel Pockman 4711 126th Avenue North Clearwater, FL 34622	Name: W.W. Pockman Street Address (P.O. Box Number is Not Acceptable): 2872 Quail Hollow Rd. Suite, Apt. #, Etc.: City: Clearwater State: FL Zip Code: 33761

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.

Signature of Registered Agent W W Pockman Date 12-9-99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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.

KE

SIGNATURE: Daniel M Pockman 12/6/99 256-587-6232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #