

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 25 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H 37070**

1. Corporation Name

International Sport Fishing Resort, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

2790 Sunset Point Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
P.O. Box 567

City & State

Clearwater, FL

Zip

33759

Country

USA

City & State

Safety Harbor, FL

Zip

34695

Country

USA

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. 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	David Walker	1700 N. McMullen Booth Road Suite D-2	Clearwater, FL 33759

288882449812-1
-03/03/98--01004--001
***1350.00 ***1350.00

REINSTATEMENT

94-98

56 2-25-98

8. Name and Address of Current Registered Agent

Thomas H. Looker, Esq.
2600 East Bay Drive
Suite 200
Largo, FL 34641

9. Name and Address of New Registered Agent

Name

Charles R. Hilleboe, Esq.

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

Suite, Apt. #, etc. **2790 Sunset Point Road**

City

Clearwater

State

FL

Zip Code

33759

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

Charles R. Hilleboe

REGISTERED AGENT MUST SIGN

Date **2/20/98**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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.

SIGNATURE:

David R. Walker
DAVID R. WALKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/98
Date
813 669 7036
Daytime Phone #

CR2E040 (12/96)