

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 13 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H37070

1. Corporation Name

International Sport Fishing Resort, Inc.

2. Principal Office Address - No P.O. Box #

2155 McMullen Booth Road

3. Mailing Office Address

2155 McMullen Booth Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, Florida

City & State

Clearwater, Florida

Zip

33759

Country

Zip

33759

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1985

5. FEI Number

59 249 1694

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

David R. Walker

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

2155 McMullen Booth Road

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33759



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

12/11/07

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 |
|--------|--------------------------------------|---|--|
| DPST | Walker, David | 2155 McMullen Booth Rd | Clearwater, FL 33759 |
| | | | 500113223155 12/18/07--01024--001 **1350.00 |
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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 contained in Chapter 119, 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

12/11/07

Date

(727) 669-7036

Daytime Phone #