

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 14 AM 11:30

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000015917

1. Corporation Name

FISH ON SPORT FISHING, LLC

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

2852 - 20th Avenue North

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

Zip

33713

Country

USA

3. Mailing Office Address

PO BOX 48668

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida 33743

Zip

33743

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2004

5. FEI Number

200798532

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

Mark R. Dolan

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

28870 US Highway 19 North

Suite, Apt. #, Etc.

336

City

Clearwater

State

FL

Zip Code

33761

☐ 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

12/11/09

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
MGMR	David G. Marshlack	2852 - 20th Avenue North	St. Petersburg, Florida 33743

REINSTATEMENT

08-09
12/11/09

10. E-mail Address: david@atmexperts.com

(To be used for future annual report notification)

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. I further certify, 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 G. Marshlack

DAVID G. MARSHLACK

12/11/09

727-433-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #