

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000005221

1. Entity Name
CAPT. AL FLUTIE OVER THE HILL RIP-OFF, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 27 PM 2:49

Principal Place of Business
87851 OLD HIGHWAY, UNIT M-3
ISLAMORADA, FL 33036

Mailing Address
87851 OLD HIGHWAY, UNIT M-3
ISLAMORADA, FL 33036



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10212004 REIN-NP

CR2E099 (6/04)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEOD, ALLAN
87851 OLD HIGHWAY, UNIT M-3
ISLAMORADA, FL 33036

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME MCLEOD, ALLAN
STREET ADDRESS 87851 OLD HIGHWAY, UNIT M-3
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE ☐ Change ☐ Addition
NAME 500042240155
STREET ADDRESS 10/27/04--01024--008 **70.00
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TOSUN, RIP
STREET ADDRESS 87200 OVERSEAS HIGHWAY
CITY-ST-ZIP PLANTATION KEY, FL 33070

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WARNIKE, MARIAN
STREET ADDRESS 130 TEQUESTA STREET
CITY-ST-ZIP TAVERNIER, FL 33070

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KELLY, WILLIAM E
STREET ADDRESS 129 TEQUESTA STREET
CITY-ST-ZIP TAVERNIER, FL 33070

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KELLY, BARBARA E
STREET ADDRESS 129 TEQUESTA STREET
CITY-ST-ZIP TAVERNIER, FL 33070

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WYATT, JACK
STREET ADDRESS 125 VALENCIA DRIVE
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allan L. McLeod Jr.

Allan L. McLeod Jr.

10/22/04

850 712-4004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/04