# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000006986

FILED
05 DEC 28 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
FLORIDA LURE ANGLERS, INC.

REINSTATEMENT

T. Roberts DEC 29 2005

| Principal Place of Business | Mailing Address |
|---|---|
| 1015 ATLANTIC BLVD SUITE 197<br>ATLANTIC BEACH, FL 32233 | 1015 ATLANTIC BLVD SUITE 197<br>ATLANTIC BEACH, FL 32233 |

12222005 REIN-NP CR2E099 (6/04)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number
81-0629547
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

DREISBACH, BRYAN
296 CALYPSO CT
PONTE VEDRA, FL 32082

**7. Name and Address of New Registered Agent**

Name Hicks, Ken T.
Street Address (P.O. Box Number is Not Acceptable)
6150 Catoma St.
City Jacksonville **FL** Zip Code 32244

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 K Hicks Ken Hicks 12-10-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $236.25**
**After January 1, 2006, Fee will be $297.50**

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>PAYNE, HERBERT<br>1015 ATLANTIC BLVD SUITE 197<br>ATLANTIC BEACH, FL 32233 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Hicks, Ken<br>6150 Catoma St.<br>Jacksonville FL 32244<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>JEFF, BERRY<br>1015 ATLANTIC BLVD SUITE 197<br>ATLANTIC BEACH, FL 32233 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Morris, Bob<br>536 Bowles St.<br>Neptune Beach FL, 32266<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NOBLES, J.D.<br>1015 ATLANTIC BLVD SUITE 197<br>ATLANTIC BEACH, FL 32233 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 500052448545<br>12/29/05--01002--005 **236.25<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>DREISBACH, BRYAN<br>1015 ATLANTIC BLVD SUITE 197<br>ATLANTIC BEACH, FL 32233 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Charles Bittner<br>296 Devonshire Ln.<br>Orange Park FL 32073<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>ISBELL, ANGEL<br>1015 ATLANTIC BLVD SUITE 197<br>ATLANTIC BEACH, FL 32233 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STURGEON, TERRY<br>1015 ATLANTIC BLVD SUITE 197<br>ATLANTIC BEACH, FL 32233 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Isbell, Jackie<br>700 Valley Forge Rd.<br>Jacksonville, FL, 32208<br>☐ Change ☒ Addition |

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:** Charles Bittner Charles Bittner 12/20/05 904 655-2681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #