

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 AUG -9 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #. N11000002853

1. Corporation Name

FISHING FOR THE BRAVE CORP.

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

41 COVINGTON CIRCLE

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE, FLORIDA

Zip

32327

Country

USA

3. Mailing Office Address

41 COVINGTON CIRCLE

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE, FLORIDA

Zip

32327

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
March 21, 2011

5. FEI Number

45-1092126

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

Thurman Law Firm, PLLC

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

2236 CAPITAL CIRCLE NE

Suite, Apt. #, Etc.

SUITE 104

City

TALLAHASSEE

State

FL

Zip Code

32308

800250599348
08/12/13--01001--009 **271.25

06/06/13--01001--006 **70.00

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

DC Thurman

Date **7/17/2013**

REGISTERED AGENT MUST SIGN

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
P	John D. Swanson	2350 Phillips Road, Apt. 10-210	Tallahassee, FL 32308
VP	Brandon H. Helton	87 Tafflinger Lane	Crawfordville, FL 32327
S	Matt Bennett	155 Sand Pine Trail	Crawfordville, FL 32327
T	Dale Bessy	190 Valley Ridge Road	Monticello, FL 32344
REINSTATEMENT-2012-2013			

10. E-mail Address: **Christine@thurmanlawfirm.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Christine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 AUG 2013

Date

Daytime Phone #

79750