

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 11 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MIKE'S FISH CAMP
P0000000 4510

NOT FOR MAIL

FOR ALL MAIL

2. Principal Office Address

4655 NW 219 ST./RD.

3. Mailing Office Address

4655 NW 219th St./RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MCINTOSH, FL

City & State

MCANOPY, FL

Zip

Country

MARION

Zip

Country

32667

ALACHUA

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 14, 2000

5. FEI Number

59-3630264

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

FREDRICK J. WADFORD

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

4985 NW 39th AVE

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32606

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

Fredrick J. Wadford

Date 1-10-07

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	FREDRICK J. WADFORD	4985 NW 39th AVE	GAINESVILLE, FL
			32606
VP, S	BETTY L. WADFORD	4985 NW 39th AVE	GAINESVILLE, FL
			32606

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:

Fredrick J. Wadford, Pres. FREDRICK J. WADFORD 1/10/07 352 318 0182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #