

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 10 PM 12:29

CLERK OF THE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000014627

1. Corporation Name

BAD CREDIT FISHIN TEAM INC.

Principal Place of Business

52 OAKWOOD DRIVE N  
ENGLEWOOD FL 34223

Mailing Address

52 OAKWOOD DRIVE N  
ENGLEWOOD FL 34223

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/10/2000

5. FEI Number

35-2164246

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CARLSON, STEVEN C	52 OAKWOOD DRIVE N	ENGLEWOOD FL 34223
S	ROBIN L	52 OAKWOOD DRIVE N	ENGLEWOOD FL 34223
T	CARLSON, STEVEN W	52 OAKWOOD DRIVE N	ENGLEWOOD FL 34223
D	SCHAMBERS, JAMES	6703 12TH AVENUE, N.W.	BRADENTON FL 34209

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01/15/03--01069--015 \*\*300.00

8. Name and Address of Current Registered Agent

CARLSON, STEVEN C  
52 OAKWOOD DRIVE N  
ENGLEWOOD FL 34223

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/8/02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/02

Daytime Phone #

CR2E040 (8/02)

2 of 2

DEAR MISS ASHTON

PLEASE EXCUSE BAD CREDIT  
FISHING TEAM INC. FOR LATE STATUS  
WE DID NOT RECEIVE ANY INFORMATION.  
OR NOTIFICATION PLEASE ACCEPT  
PAYMENT FOR LAST YEAR AND  
THIS YEAR. SORRY FOR DELAY

Thank you

Steve Carl PRES

BAD CREDIT FISHING TEAM