

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 10 PM 4:12

DOCUMENT # P00000028871

1. Corporation Name

BIMINI JIM'S INCORPORATED

Principal Place of Business

423 12TH AVE.
INDIAN ROCKS BEACH FL 33785

Mailing Address

423 12TH AVE.
INDIAN ROCKS BEACH FL 33785



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

REINSTATEMENT 01

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

03/15/2000

5. FEI Number

59-3640151

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BENJAMIN, JAMES H	423 12TH AVE.	INDIAN ROCKS BEACH FL 33785
VTD	BENJAMIN, MICHELLE M	423 12TH AVE.	INDIAN ROCKS BEACH FL 33785
D	REMKIEWICZ, ERIC	1 WINDRUSH BLVD., #83	INDIAN ROCKS BEACH FL 33785
SD	FISHER, STEPHEN M	421 12TH AVE.	INDIAN ROCKS BEACH FL 33785
			600004829686--1 -01/28/02--01012--001 *****758.75 *****758.75

8. Name and Address of Current Registered Agent

BENJAMIN, JAMES H
423 12TH AVE.
INDIAN ROCKS BEACH FL 33785

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.

Signature of Registered Agent

James H Benjamin
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

JHB
#/06/02

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:

Michelle Benjamin
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-02 (727)577-8098

Date

Daytime Phone #

CR2E040 (8/01)