

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
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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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/15/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3640151	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 -01/26/02--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: 1/06/02

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)(l), 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
 Date: 01-06-02 (727) 577-8098
 Daytime Phone #

CR2E040 (8/01)