PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P00000028871 DOCUMENT

1. Corporation Name

BIMINI JIM'S INCORPORATED

Principal Place of Business

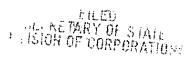
Mailing Address

423 12TH AVE.

INDIAN ROCKS BEACH FL 33785

423 12TH AVE.

INDIAN ROCKS BEACH FL 33785



02 JAN 10 PM 4: 12

If above addresses are incorrect in any way, line through incorrect information and enter correction below.								TATEMEN	17 - ()	
2. New Pri	ncipal Office Ad	dress, If Applicable	3. New Maili	ailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 03/15/2000			
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. FEI Number	er Applie		For	
City & State			City & State	City & State		******	59-3640151		Not Applicable	
Zip		Country	Zip		Country		CERTIFICATE	OF STATUS DESIRED S	8.75 Additional Fee if for a Certificate of S	required Status
7. Names	and Street Addr	esses of Each Officer a	nd/or Director (Flo	rida nonprof	lit corpora	tions must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				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		
			NO ETT			\ D	100	0004829 -01/28/02(****758.75	1686 01012001	1
						1	3/1/2	****758.75	****758.7	5
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
BENJAMIN, JAMES H 423 12TH AVE. INDIAN ROCKS BEACH FL 33785						Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
11000	V 1.001.0 DZ					City		Sta	te Zip Code	
10. I, being	appointed the	registered agent of the	above named corp	oration, am t	familiar wi	th and accept the o	bligations of Secti	ion 607.0505, F.S.	,	

Signature of Registered Agent

11. I certify that I appear 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 filling 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:

01,00,05 (252) 20,90,10