

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 19 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000037150

1. Corporation Name

SCOTTY'S FISH FARM

2. Principal Office Address

13600 HAMLIN AVE

Suite, Apt. #, etc.

City & State

CLEWISTON FL

Zip

33440

Country

U.S.A.

3. Mailing Office Address

13600 HAMLIN AVE

Suite, Apt. #, etc.

City & State

CLEWISTON FL

Zip

33440

Country

USA

REINSTATEMENT 01-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1007263

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

SCOTT BOTTON

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

13600 HAMLIN AVE

Suite, Apt. #, Etc.

City

CLEWISTON

State

FL

Zip Code

33440

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/17/03

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
1	SCOTT BOTTON	13600 HAMLIN AVE	CLEWISTON FL, 33440
			<i>[Signature]</i>

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 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:

SCOTT BOTTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/03

Daytime Phone #

CR2E081 (10/02)