

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN 31 PM 4: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000064755**

**1. Corporation Name**

**DIXIE FISH CAMP INC.**

**2. Principal Office Address**

**5485 EVINRUDE RD**

Suite, Apt. #, etc.

City & State

**MELBOURNE, FL**

Zip  
**32934**

Country

**Brevard**

**3. Mailing Office Address**

**5485 EVINRUDE RD**

Suite, Apt. #, etc.

City & State

**MELBOURNE FL**

Zip  
**32934**

Country

**Brevard**

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

**5. FEI Number**

**04-3738703**

**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

**Frank J. Hunter**

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

**5485 EVINRUDE RD**

Suite, Apt. #, Etc.

**APT 6**

City

**Melbourne**

State

**FL**

Zip Code

**32934**

**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 **7 Jan 05**

**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
Owner			
President	<b>Frank J. Hunter - sr</b>	<b>5485 EVINRUDE RD</b>	<b>Melbourne FL 32934</b>
Vice President			
President	<b>Toni L. Lee</b>	<b>5485 EVINRUDE RD</b>	<b>Melbourne FL 32934</b>
Advertising Director			
Director	<b>Frank J Hunter Jr</b>	<b>5485 EVINRUDE RD</b>	<b>Melbourne FL 32934</b>
Planner Director			
Director	<b>Hampton Hunter</b>	<b>5485 EVINRUDE RD</b>	<b>Melbourne FL 32934</b>
<b>"No others", NOTE# why is this the first year requested</b>			
<b>700046560407</b>			
<b>02/19/05--01006--025 **158.75</b>			

**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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7 Jan 05**

Date

Daytime Phone #

CR2E081 (01/05)