

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116483

1. Corporation Name

M & P FISHING, INC.

Principal Place of Business

1847 FLORIDA AVE  
PANAMA CITY FL 32405

Mailing Address

1847 FLORIDA AVE  
PANAMA CITY FL 32405

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3688770

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	HENNIGAN, MICHAEL W	1847 FLS AVE	PANAMA CITY FL 32405
VP	GOSLIN, PATRICK	PO BOX 28178	PANAMA CITY FL 32411

200008596192  
10/25/02--01078--026 \*\*150.00

10/10/30

8. Name and Address of Current Registered Agent

HENNIGAN, MICHAEL E  
1847 FLORIDA AVE  
PANAMA CITY FL 32405

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
Michael Hennigan  
REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

SIGNATURE REQUIRED  
Michael Hennigan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02

Daytime Phone #

CR2E040 (8/02)

Panama City, Florida

October 22, 2002

Division of Corporations  
Annual Report/Reinstatement  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: M & P Fishing, Inc.  
EIN: 59-3688770

Gentlemen:

I am writing in response to your notice of administrative dissolution of the M & P Fishing, Inc. I did not receive the original annual report application. Therefore, I ask that you accept the enclosed reinstatement application and the check for the \$150.00 fee.

If any other information is needed, please do not hesitate to contact us.

Very truly yours,



Michael W. Hennigan, MD

MWH/dch