

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02203

4B12

FILED

03 FEB 20 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014889

1. Corporation Name

CAPT. JIM'S FUN FISHING, INC.

Principal Place of Business

17184 DORADO CIR  
JACKSONVILLE FL 32226

Mailing Address

17184 DORADO CIR  
JACKSONVILLE FL 32226



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

02/07/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number /

Applied For

City & State

City & State

59-3697543

Not Applicable

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
Pres	JAMES R HAMMOND	17184 DORADO CIR	JAX FL 32226
V.P.	DIANE E KELLEY	17184 DORADO CIR	JAX FL 32226
			000012794960 02/19/03--01067--003 **150.00
			000012794960 02/19/03--01067--003 **150.00

8. Name and Address of Current Registered Agent

KELLEY, DIANE  
17184 DORADO CIR  
JACKSONVILLE FL 32226

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  
REGISTERED AGENT MUST SIGN

Date 2-1-03

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  
JAMES R HAMMOND

Date

Daytime Phone #

2-1-03 9047577550

CR2E040 (8/02)

# *Capt. Jims Fun Fishing Inc.*

Jim Hammond President

17184 Dorado Cr. Jacksonville, FL 32226 (904) 757-7550 voice & fax  
jim@hammondfishing.com www.hammondfishing.com/

Division of Corporations

02/01/03

Annual Report/Reinstatement Section

P O Box 6327

Tallahassee, FL 32314-6327

RE: 2002 Uniform Business Report  
and Reinstatement Application

Dear Receiving Agent:

Please find enclosed the completed application. When I mailed you the check several months ago, I did not read the enclosed form and thought that this was like many other renewals (send a check and all is good). I apologize for any problems that my lack of paying attention has caused you.

I would like to be able to continue with this corporation and if I need to do any thing else please let me know.

I have also included a check for \$150.00 for my 2003 corporate fees.

Thanks



James R Hammond

President