

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
**Secretary of State**  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P01000036940**

1. Corporation Name

**HOOK, LINE & SINKER GUIDE SERVICE, INC.**

Principal Place of Business  
16836 62ND ROAD N.  
LOXAHATCHEE FL 33470

Mailing Address  
16836 62ND ROAD N.  
LOXAHATCHEE FL 33470

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

Suits, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/11/2001

5. FEI Number

03-0418201

Applied For

APPLIED FOR

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KIMBALL, DOUG	16836 62ND ROAD N.	LOXAHATCHEE FL 33470

200024376122  
11/03/03--01036--007 \*\*158.75

8. Name and Address of Current Registered Agent

KIMBALL, DOUG  
16836 62ND ROAD N.  
LOXAHATCHEE FL 33470

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

REGISTERED AGENT MUST SIGN

Date 10/27/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/03 561 790 8975  
Date Daytime Phone #

CR2040 (7/03)

**Hook, Line and Sinker Guide Service, Inc.**  
16836 62<sup>nd</sup> Road North \* Loxahatchee, Florida 33470  
(561) 790-2975

October 27, 2003

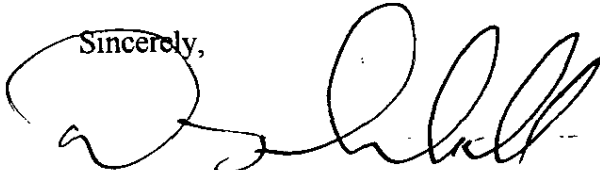
Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Hook, Line and Sinker Guide Service, Inc.

The letter is to advise I did not receive any prior uniform business report notices. The only form received by our office is the enclosed.

Please find the proper paperwork and fee required to reinstate our corporation. Should you have any questions or require further information please contact me immediately.

Sincerely,

A handwritten signature in black ink, appearing to read 'Douglas Kimball', written in a cursive style.

Douglas Kimball  
President