

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 26 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000056124**

1. Corporation Name

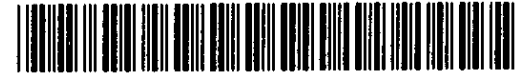
UNEK FISHING GROUP, INC.

Principal Place of Business

**5910 16TH AVENUE S.
TAMPA FL 33619**

Mailing Address

**5910 16TH AVENUE S.
TAMPA FL 33619**



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

1805 DONEFIELD PLACE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 128
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/2001

5. FEI Number

59-3755082

Applied For

Not Applicable

City & State
BRANDON, FL

City & State
MANGO, FL

Zip
33510

Country

Zip
33550

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
PD	STRICKLAND, Patrick A.	1805 DONEFIELD PLACE	BRANDON, FL. 33510

000009213950
11/26/02--01003--006 **750.00

8. Name and Address of Current Registered Agent

**DONICA, HERBERT R ESQ.
320 W. KENNEDY BLVD., SUITE 520
TAMPA FL 33606**

9. Name and Address of New Registered Agent

Name
STRICKLAND, Patrick
Street Address (P.O. Box Number is Not Acceptable)
1805 DONE FIELD PLACE
Suite, Apt. #, Etc.

City
BRANDON

State
FL

Zip Code
33510

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 **22 OCT 2002**

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
Patrick A. Strickland

Date

22 OCT 2002 (913) 621-3320

Daytime Phone #

CR2E040 (8/02)