

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
**REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

DOCUMENT # P01000066412

1. Corporation Name

off the Hook Corner, INC

2. Principal Office Address

732 mason Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Daytona Beach FL

City & State

Zip

32117

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2001

5. FEI Number

59334-3120

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

Charon Ohnora

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

20824 NE 30TH ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33180

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]

Date

3/4/03

REGISTERED AGENT MUST SIGN

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
PRES	Charon Ohnora	732 mason Ave	Daytona Beach, FL 32117

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

Date

3/4/03

Daytime Phone #

386-253-5583

MW

FILED  
03 MAR -5 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02-21-02 90107 032 150<sup>00</sup>

CR2E061 (10/02)

**OFF THE HOOK, INC.**

732 Mason Ave.  
Daytona Beach, FL 32118  
386-253-5585 office  
386-255-5339 fax

**March 4, 2003**

**Florida Department of State  
Attn : Reinstatement Department**

**RE: P01000066412**

**To Whom It May Concern,**

**Please find enclosed our Annual Business Report that was filed last year. However, also find enclosed the dissolution of corporation form. This was filed and somehow posted to our account. We have also enclosed the check information which was used to pay the annual fee. We have also enclosed the form and fee for this year.**

**Please review our application and call me if you have any questions.**

**Sincerely,**



**Charon Ohnona  
President**