

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000117008

1. Corporation Name

PESCA PISCES INC.

Principal Place of Business

11644 CURRIE LANE
LARGO FL 33774

Mailing Address

11644 CURRIE LANE
LARGO FL 33774

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/2001

5. FEI Number

59-3760102

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P, T	Kenneth R Glenn	11644 Currie Ln	Largo, FL 33774
V, S	Barbara Deveau	11644 Currie Ln	Largo, FL 33774

8. Name and Address of Current Registered Agent

GLENN, KENNETH R
11644 CURRIE LANE
LARGO FL 33774

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

Kenneth R Glenn
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 4/11/2003

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:

Kenneth R Glenn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2003 727-686-1575
Date Daytime Phone #

FILED

03 APR 15 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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04/15/03--01016--015 **308.75

CR2E040 (8/02)

4/11/2003

To whom it may concern:

I didn't receive the prior VBR notices from the state. Is it possible to receive notifications by computer e-mail as well? I am out of town the majority of the time and have had problems receiving my mail. If I am able to receive email notifications my E-mail address is capt'n KRG@aol.com.

Thanks

Kenneth R Glen
pres. Pesca Pisces Inc.