

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000118059

1. Corporation Name

Miami Beach Sport Fishing Inc.

2. Principal Office Address - No P.O. Box #

1000 Venetian Way

Suite, Apt. #, etc.

Unit 111

City & State

miami, FL

Zip

33139

Country

Dade

3. Mailing Office Address

1000 Venetian Way

Suite, Apt. #, etc.

Unit 111

City & State

miami, FL

Zip

33139

Country

Dade

7. Name and Address of Current Registered Agent

Name

Cameron McDowell

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

1000 Venetian Way

Suite, Apt. #, Etc.

Unit 111

City

miami

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date 08/19/09

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
D	Cameron McDowell	1000 Venetian Way Unit 111	Miami, FL 33139

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 contained in Chapter 119, 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

Date

08/19/09 305-458-6434

Daytime Phone #

FILED

09 AUG 20 AM 11:52

FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

REINSTATEMENT

900159774589
08/20/09--01003--013 **450.00

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

12/13/01

5. FEI Number

800006244

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.