

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 14 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118572

1. Corporation Name

EFISHTV, INC.

Principal Place of Business

51 LARIAT CIRCLE  
BOCA RATON FL 33486

Mailing Address

51 LARIAT CIRCLE  
BOCA RATON FL 33486



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

12/14/2001

5. FEE Number

80-0003076

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
D	MCBRYDE, MICHAEL	820 JUNIPER DRIVE	NORTH PALM BEACH FL 33408
D	REINHARDT, MICHAEL A	51 LARIAT CIRCLE	BOCA RATON FL 33486

8. Name and Address of Current Registered Agent

HARRIS, GEORGE E  
11380 PROSPERITY FARMS ROAD  
SUITE 201  
PALM BEACH GARDENS FL 33410

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

*George E. Harris*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

OCTOBER 31, 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:

*Michael A. Reinhardt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03 561  
893-0005  
Date Daytime Phone #

CR2E040 (8/02)

11-11-02

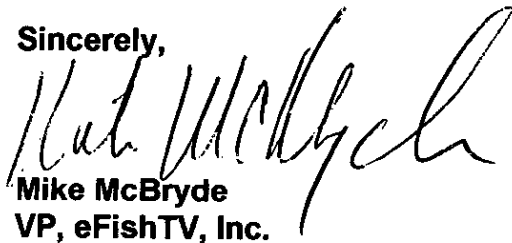
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sirs,

My Name is Michael McBryde and I am one of the owners of eFishTV, Inc. I received this notice of Administrative Dissolution or Revocation. It states that we did not file our UBR for 2002. I remembered filing because my partner and I have two small corporations and we filed both at the same time from the same company checkbook. I did not save a copy of the form itself but I do have copies of the paid checks and the checkbook notations. I spoke to someone from your office over the phone and he suggested I send copies of the checks to your office with the forms I received.

Thank you very much. If there is any problem or something else I need to do please contact me at 561-906-2825. Thank you very much.

Sincerely,



Mike McBryde  
VP, eFishTV, Inc.