


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR -3 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

DOCUMENT # P02000019443

1. Corporation Name
South Florida Sport Fishing

2. Principal Office Address 1001 E. Sample Rd.		3. Mailing Office Address same	
Suite, Apt. #, etc. Suite 10 E		Suite, Apt. #, etc.	
City & State Pompano, FL		City & State	
Zip 33064	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	2/20/2002
5. FEI Number	33-0994523
6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Applied For	Not Applicable

7. Name and Address of Current Registered Agent

Name
LA Genoune

Street Address (P.O. Box Number is Not Acceptable)
4010 NE 17th Terrace

Suite, Apt. #, Etc.

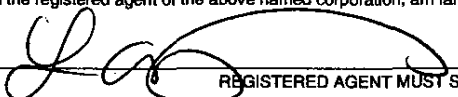
City
Pompano Beach

State
FL

Zip Code
33064

800029814808
03/03/04 01049 014 **798.75

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.

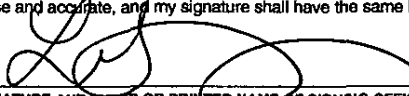
Signature of Registered Agent  Date 2/24/04

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
P	LA Genoune	4010 NE 17th Terrace	Pompano Beach, FL 33064

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)(f), 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:  2/24/04 / 931-942-7261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)