

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP -7 PM 5:50

SECRET  
DATE  
FILE

100059381381

09/07/05--01010--014 \*\*1058.75

**DOCUMENT #**

1. Corporation Name

Top Dog Sportfishing, <sup>Inc.</sup> P02000021888

2. Principal Office Address

250 181st Dr.

Suite, Apt. #, etc.

#210

City & State

Sunny Isles Beach Fl.

Zip

33160

Country

Dade

3. Mailing Office Address

250 181st Dr.

Suite, Apt. #, etc.

#210

City & State

Sunny Isles Beach, Fl

Zip

33160

Country

Dade

4. Date Incorporated or Qualified To Do Business in Florida

2/26/2003

5. FEI Number

75-3015187

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

JOSEPH H. Turner

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

250 181st Dr

Suite, Apt. #, Etc.

#210

City

Sunny Isles Beach

State

FL

Zip Code

33160

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]*

REGISTERED AGENT MUST SIGN

Date 1,058.75

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	Joseph H. Turner	250 181st Dr #210	Sunny Isles Beach, FL 33160

**REINSTATEMENT 03-05**

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

Daytime Phone #

786-251-9430  
9-2-05 847-542-4647

CR2E01 (01/05)