

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 24 AM 8:00

DOCUMENT # P02000098148

1. Corporation Name

GLOBAL TACKLE TRADERS USA, INC.

1323 SE 17TH STREET
1323 SE 17TH STREET

2. Principal Office Address

1323 SE 17TH STREET

3. Mailing Office Address

1323 SE 17TH STREET

Suite, Apt. #, etc.

533

Suite, Apt. #, etc.

533

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

Zip

33316

Country

BROWARD

Zip

33316

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida 09/11/025. FEI Number
30-0122565

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

MICHAEL D. CURTIS

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

15175 EAGLE NEST LANE

Suite, Apt. #, Etc.

103

City

MIAMI LAKES

State

FL

Zip Code

33014

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 08/13/04

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
PD	NICHOLAS JOHN GLOYN JONES	1323 NE 17TH STREET, #533	FT. LAUDERDALE, FL 33316

500040686855

08/31/04--01032--001 **900.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-19-04 9548544062