

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000108854

1. Entity Name
SOMETHING FISHY SERVICES, INC.



FILED

05 APR 20 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
403 SW COLUMBUS DRIVE
PORT ST. LUCIE, FL 34953

Mailing Address
403 SW COLUMBUS DRIVE
PORT ST. LUCIE, FL 34953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State *

City & State

Zip

Country

Zip

Country

4. FEI Number
54-2078006

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, ROBERT
403 SW COLUMBUS DRIVE
PORT ST. LUCIE, FL 34953

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Christina D Burns *Robert E Burns*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BURNS, ROBERT ☐ Delete
STREET ADDRESS 403 SW COLUMBUS DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

TITLE ☐ Change ☐ Addition
NAME 500054243095
STREET ADDRESS 05/11/05--01009--019 ***300.00
CITY-ST-ZIP

TITLE VP
NAME BURNS, CHRISTINA ☐ Delete
STREET ADDRESS 403 SW COLUMBUS DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christina Burns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05

Date

772 879 2525

Daytime Phone #

Robert E Burns