

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PH 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000125056**

1. Corporation Name

**JERRY'S FISHING INC**

Principal Place of Business

5290 SEMINOLE BLVD  
E/F  
ST PETERSBURG FL 33708

Mailing Address

5290 SEMINOLE BLVD  
E/F  
ST PETERSBURG FL 33708

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

11/25/2002

5. FEI Number

02 - 0652 923

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MCRAE, JERRY	<del>5290 SEMINOLE BLVD E/F</del> 12651 WALSHINGHAM RD # A/B	<del>ST PETERSBURG FL 33708</del> LARGO, FL 33774

8. Name and Address of Current Registered Agent

ROHRET, KARIN  
12651 WALSHINGHAM RD  
A/B  
LARGO FL 33774

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/03  
Date

727.593-5953  
Daytime Phone #

## **ROHRET & ASSOCIATES INC**

---

12651 Walsingham Blvd #B  
Largo, FL 33774

Phone: 727 593-5953  
Fax: 727 593-1904

State of Florida  
Department of Corporations

Attn: REINSTATEMENT

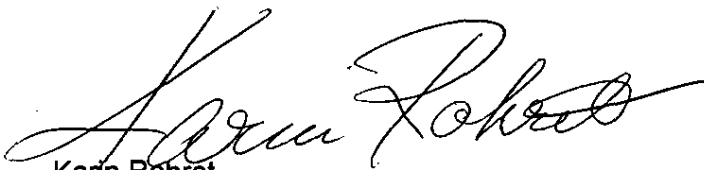
RE: Lost UBR Doc # P02000125056 – Jerry's Fishing Inc

This client of ours requested to use our address when filing his corporation. Unfortunately, we moved to a new location and somehow, the address change did not go into effect immediately, since we are not in receipt of the original UBR notification. We did receive, however, the notice of dissolution this week.

In view of these circumstances we kindly request you on behalf of our client to please reinstate Jerry's Fishing Inc at the original cost.

Enclosed is a check for \$ 150.00. If there are any questions, please call anytime.

Thank you for your help.

  
Karin Rohret  
10/27/2003

*Accounting \* Taxes \* Payroll Processing*