

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000125433

1. Corporation Name

Fish Hawk Feed & Pet Supply, Inc.

2. Principal Office Address - No P.O. Box #

7015 Lithia Pinecrest Road

3. Mailing Office Address

7015 Lithia Pinecrest Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lithia, FL

City & State

Lithia, FL

Zip

33547

Country

US

Zip

33547

Country

US

7. Name and Address of Current Registered Agent

Name
Robert W. Bivins

Street Address (P.O. Box Number is Not Acceptable)
1060 Bloomingdale Avenue

Suite, Apt. #, Etc.

City
Valrico

State
FL

Zip Code
33594

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]

Date

6/1/07

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/S/T	Michael Wally	7015 Lithia Pinecrest Road	Lithia, FL 33547
V	Margaret Wally	7015 Lithia Pinecrest Road	Lithia, FL 33547

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 contained in Chapter 119, 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

6-1-07

Date

813-684-0832

Daytime Phone #

FILED

07 JUN 19 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

300104567469
06/13/07 - 01057 - 006 \$*000.00

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/02

5. FEI Number

06-1665622

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

jc 6/21