

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000002236

1. Entity Name  
GULF ATLANTIC FLORIDA FISHING MAGAZINE INC.



**FILED**  
05 SEP 29 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1534 TIMBERLANE RD  
3  
TALLAHASSEE, FL 32312

Mailing Address  
POST OFFICE BOX 15066  
TALLAHASSEE, FL 32317-5066

2. Principal Place of Business

1123 N. Brannough St.  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

77-0594961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUMENIK, PETER  
2427 POTTS ROAD  
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

9-29-05

DATE

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2006, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DRAPER, MATT  
STREET ADDRESS 8340 CHICKASAW TRAIL  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE STD ☐ Delete  
NAME RUMENIK, PETER  
STREET ADDRESS 2427 POTTS ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☐ Change ☒ Addition  
NAME George K Artecona  
STREET ADDRESS 1452 Manor house Rd.  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE D ☐ Change ☒ Addition  
NAME Richard Coates  
STREET ADDRESS 11134 Pennewan Trail  
CITY-ST-ZIP Tallahassee, FL 32317

TITLE ☐ Change ☐ Addition  
NAME 200060587602  
STREET ADDRESS 10/13/05--01067--008 \*\*150.00  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 empowerers.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/05

Date

850-570-9200

Daytime Phone #