


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000142883</b> 1. Entity Name <b>CASEY KEY ANGLERS &amp; OUTFITTERS, INC.</b>					
Principal Place of Business <b>820 ALBEE ROAD SUITE 1 NOKOMIS, FL 34275 US</b>			Mailing Address <b>820 ALBEE ROAD SUITE 1 NOKOMIS, FL 34275 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>20-1750334</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>COOKE, ROBERT 820 ALBEE ROAD SUITE 1 NOKOMIS, FL 34275</b>				7. Name and Address of New Registered Agent Name <b>KWEN COOKE</b> Street Address (P.O. Box Number is Not Acceptable) <b>820 ALBEE ROAD SUITE 1</b> City <b>NOKOMIS</b> <b>FL</b> Zip Code <b>34275</b>	
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 <u>KWEN COOKE</u> <i>[Signature]</i> DATE <b>12/26/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COOKE, ROBERT</b> <b>820 ALBEE ROAD, SUITE 1</b> <b>NOKOMIS, FL 34275</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>UP</b> <b>KWEN COOKE</b> <b>820 ALBEE ROAD, SUITE 1</b> <b>NOKOMIS, FL 34275</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ADRIAN, ROBIN</b> <b>603 N OLD LITCH FIELD RD</b> <b>LITCHFIELD PARK, AZ 85340</b>	<input type="checkbox"/> Delete	<b>100113520431</b> <b>12/31/07--01035--010 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <b>KWEN COOKE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>12/26/07</b>		Daytime Phone # <b>941-483-1115</b>

FILED  
2007 DEC 31 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**  
12262007 REIN P CR2E088 (1/07)

B. Mitchell DEC 31 2007