

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAR 19 AM 6:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000082251

**1. Corporation Name**

ABACO BILLFISH CHALLENGE, INC.  
398 E. DANIA BEACH BLVD. #316  
DANIA BEACH, FL 33004

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

398 E. DANIA BEACH BLVD.

Suite, Apt. #, etc.

#316

City & State

DANIA BEACH, FL 33004

Zip

33004

Country

U.S.A.

**3. Mailing Office Address**

398 E. DANIA BEACH BLVD.

Suite, Apt. #, etc.

#316

City & State

DANIA BEACH, FL 33004

Zip

33004

Country

U.S.A.

100118071451  
02/14/08--01039--031 \*\*150.00

REINSTATEMENT 08

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/15/06

**5. FEI Number**

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

AMY WITHERS

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

398 E. DANIA BEACH BLVD.

Suite, Apt. #, Etc.

#316

City

DANIA BEACH

State

FL

Zip Code

33004

☒ 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.

**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

REGISTERED AGENT MUST SIGN

Date 2/10/08

**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
PD	AMY WITHERS	398 E. DANIA BEACH BLVD #316	DANIA BEACH, FL 33004

100118071451  
03/21/08--01039--007 \*\*158.75

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

2/10/08 305-934-0505  
Date Daytime Phone #

B. Mitchell MAR 19 2008