


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000074092	
1. Entity Name BIG FISH TACKLE COMPANY, INC.	

Principal Place of Business 123 2ND AVENUE SAFETY HARBOR, FL 34695	Mailing Address 1910 RUNNING HORSE TRAIL SAINT CLOUD, FL 34771
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 3125 MAPLE RUN
Suite, Apt. #, etc.	Suite, Apt. #, etc. KISSIMMEE, FL
City & State	City & State
Zip	Country USA

FILED
09 MAY 29 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05042009 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent MAGRUDER, C MICHAEL 203 S. CLYDE AVENUE KISSIMMEE, FL 34741	7. Name and Address of New Registered Agent Name GLENN E. PUGH Street Address (P.O. Box Number is Not Acceptable) 3125 MAPLE RUN City KISSIMMEE FL Zip Code 34744
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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 GLENN E. PUGH DATE 5/4/09

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGH, GLENN E 3125 MAPLE RUN KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEENE, BRADLEY E 1910 RUNNING HORSE TRAIL SAINT CLOUD, FL 34771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: GLENN E. PUGH DATE 5/4/09 321-443-3034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR