

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -7 PM 1:20

DOCUMENT # P93000072275

1. Corporation Name

Sissy Baby Sport Fishing, Inc.

700004775807--6
-01/15/02--01048--018
****750.00 ****750.00

REINSTATEMENT 07

2. Principal Office Address

344 Alton Road

3. Mailing Office Address

P.O. Box 4716

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1993

City & State

Miami Beach, FL

City & State

Ft. Lauderdale

5. FEI Number

65-0443837

Applied For

Not Applicable

Zip

33139

Country

Zip

33338

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Albert Oakley

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

12765 W. Forest Hill Blvd

Suite, Apt. #, Etc.

Suite 1305

City

Wellington

State
FL

Zip Code
33414

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

12/28/01

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
D/P	Albert Oakley	12765 W. Forest Hill Blvd	Wellington, FL 33414
D/S/T	Josephine Oakley	12765 W. Forest Hill Blvd	Wellington, FL 33414

10. I certify that I am an officer or director or the receiver or trustee empowered to exercise the powers of the corporation 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 corporation 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 under section 119.07(3)(l), 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

Date

Daytime Phone #

ALBERT OAKLEY Albert Oakley 12/28/01 305-531-4223

CR2E081 (8/00)