

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



FILED

97 APR 21 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000038956

1. Corporation Name
BLACK THUNDER OFF SHORE SPORT FISHING TEAM INC.

Principal Place of Business Mailing Address

1541 Springtime loop
Winter Park FL
32792

REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <u>Michael Wasserman</u> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <u>6/9/94</u>	
City & State <u>Winter Park FL</u>		City & State		5. FEI Number <u>593247334</u>	
Zip <u>32792</u>		Country <u>Seminole</u>		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				S8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Michael Wasserman	1541 Springtime loop	Winter Park FL 32792
Vice Pres.	DHAL Wasserman	1203 N. Peninsula av	SMYRNA 32169 NEW SMYRNA BEACH FL
Secretary	Beverly Wasserman	1203 N Peninsula av	NEW SMYRNA BEACH FL 32169
			500002155795--9 04/25/97-01110-010 ***915.00 ***915.00
			DB4-22-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Michael Wasserman
1541 Springtime loop
Winter Park FL
32792

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/10/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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 #

4/10/97 407 657 6453

CR2E040 (12/96)