PLEASE READ ALL INSTRUCTIONS BEFORE C						1.	
APPLACATION FLORIDA DEPAR				FILED			
	13 ALE	Sandra B. Mor Secretary of S	-	ļ	98 DEC - 1 AM	10. oo	
REINSTRUM DIVISION OF CORPORA			RATIONS	SECRETARY OF THE			
DOCUMENT # P95000034675 1. Corporation Name				SECRETARY OF STATE FALLAHASSEE, FLORIDA			
COMPLEAT ANGLER MARINE SUPPLY, INC.							
Principal Place	of Business	Mailing Address					
523 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410		523 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
207 BE	al Office Address, If Applicable	3. New Mailing Office Address, If Applicable 207 BENT THEEDA.		Date Incorporated or Qualified To Do Business in Florida 04/28/1995			
Suite, Apt. #, et	ic.	Suite, Apt. #, etc.		5. FEI Number		Applied For	
	CH GANDENS, FL.	City & State PALM BEACH CANDERS, FC,		6.	65-0581868	Not Applicable	
^{ZIP} 3341			. S. A.	<u></u>	OF STATUS DESIRED for a C	ertificate of Status	
7. Names and	7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each						
Title(s) 2	2 and/or Directors Offi 3 (Do NOT Use		ficer and/or Director e Post Office Box Nu	umbers) 4 City / State / Zip		líp	
D C/	CAMERON, PAUL 523 RIVERSIDE DR			PALM BEACH GARDENS FL 33410			
					<u> </u>		
				-12/02/9801087018			
15	15t Notice submitted in April D.O.S-never received possib						
1 Notice submitted in April			P21 , D. 0	1 D.O.S-never received possibly			
lo	st in the mai		XI (12) 199				
8. Name and Address of Current Registered Agent Name				9. Name and Address of N∉w Registered Agent			
CAMERON	•	Street Address (P.O. Box Number is Not Acceptable)					
523 RIVERSIDE DRIVE PALM BEACH GARDENS FL 33410			Suite, Apt. #, Etc.				
		City					
10. I, being appointed the registered egent of the above named corporation, am familiar with and accept the obli					pn 607.0505, F.S.		
Signature of Registered Agent Page 11/27/98 REGISTERED AGENT MUST SIGN							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 filling 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 #							