

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000074386

FILED
Apr 18, 2005
Secretary of State

Entity Name: LIGHT TACKLE SPORT FISHING ADVENTURES, INC.

Current Principal Place of Business:

4459 PARROT AVENUE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

4459 PARROT AVENUE
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0609449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SKRIVAN, KENT A
801 LAUREL OAK DR
STE 705
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: KENT A SKRIVAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASSIDY, DAVID L
Address: 4459 PARROT AVE
City-St-Zip: NAPLES, FL 34104

Title: P () Delete
Name: CASSIDY, DAVID L
Address: 4459 PARROT AVE
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: CASSIDY, DAVID L
Address: 4459 PARROT AVE
City-St-Zip: NAPLES, FL 34104

Title: S () Delete
Name: CASSIDY, DAVID L
Address: 4459 PARROT AVE
City-St-Zip: NAPLES, FL 34104

Title: T () Delete
Name: CASSIDY, DAVID L
Address: 4459 PARROT AVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L CASSIDY

PRES

04/18/2005

Electronic Signature of Signing Officer or Director

Date