

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 30 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000045966

1. Corporation Name

Lake Manatee Fish Camp Inc

2. Principal Office Address

6247 Rock Creek Cir

Suite, Apt. #, etc.

3. Mailing Office Address

3208 Bay Dr.

Suite, Apt. #, etc.

City & State

Ellenton, FL

City & State

Bradenton, FL

Zip

34222

Country USA

Manatee

Zip

34222

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0671237

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Desenberg, Trey

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

3208 BAY DR.

Suite, Apt. #, Etc.

City

Bradenton, FL

State

FL

Zip Code

34222

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

Trey Desenberg, Registered Agent

REGISTERED AGENT MUST SIGN

Date: 12/23/02

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
President	Trey Desenberg	3208 BAY DR. BRADENTON, FL 34222	

10. 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:

Trey Desenberg President 12/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-755-3000

CR2E081 (9/01)

3208 Bay Department of State
Elln , Fl 34207


December 24, 2002

Florida Department of State

Dear Sir or Madam:

I was not receiving my mail at the old address. Therefore I did not pay my annual fees for reinstatement. I have changed the address so that in the future I will get my mail. Please accept my apology for not timely sending in the appropriate forms. I enclosing 3 checks in the original amount. If there are any questions the new mailing address will work for receiving all correspondence. If there is any other information needed please call 9417553000 or fax to 87740491000 or email to reply@manatee.com or write to 3208 Bay Dr, Bradenton, Florida 34207. Please process as quickly as possible. Have a happy and healthy New Year.

Sincerely,



Trey Desenberg