


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT# 0900000 62991					
1. Corporation Name Foot Less Fishing AND CHUM COMPANY					
2. Principal Office Address 890 Ocean View Ave			3. Mailing Office Address P.O. Box 50114		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Marathon FL			City & State Marathon FL		
Zip 33050	Country USA	Zip 33050	Country USA		

FILED

03 AUG 18 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300022375573
08/18/03--01026--005 **750.00

4. Date Incorporated or Qualified To Do Business in Florida 1996	
5. FEI Number 650-70-1229	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Thomas Schroeder		
Street Address (P.O. Box Number is Not Acceptable) 890 Ocean View Ave		
Suite, Apt. #, Etc.		
City Marathon	State FL	Zip Code 33050

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 Gary Simmons	Date 8/16/03
REGISTERED AGENT MUST SIGN	

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
PC	Thomas Schroeder	890 Ocean View Ave	Marathon FL 33050
TS	Gary Simmons	1490 Ocean View Ave	Marathon FL 33050

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: Thomas Schroeder		Date 8/16/03	Daytime Phone # 284-0760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gary Simmons		Date 8/16/03	Daytime Phone # 954-572-1086

CR2ED01 (10/02)