

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 JUN 14 AM 10:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **997000015037**

1. Corporation Name
COMPLETE ANGLING SERVICES, INC.

Principal Place of Business: **St. Petersburg**

Mailing Address: **10600-4th Street North
 Apartment 608
 St. Petersburg, FL 33716**

REINSTATEMENT 98-99
 7/18/99
 6/18/99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: **February 17, 1997**

5. FEI Number: **59-3429317**

6. CERTIFICATE OF STATUS DESIRED \$8.75 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
P/V/S T/D	WILLIAM DANIEL HAYES	10600-4th St. N, Apartment #608	St. Petersburg, FL 33716

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8. Name and Address of Current Registered Agent

**Philip O. Allen, Esquire
 100 E. Main Street
 Lakeland, Florida 33801**

9. Name and Address of New Registered Agent

Name: **Philip O. Allen, Esquire**

Street Address (P.O. Box Number is Not Acceptable): **100 E. Main Street**

Suite, Apt. #, Etc.

City: **Lakeland** State: **FL** Zip Code: **33801**

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: *Philip O. Allen* REGISTERED AGENT MUST SIGN

Date: **June 7, 1999**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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)(ii), 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: *William Daniel Hayes*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **William Daniel Hayes**

Date: **6/3/99** Daytime Phone #: **813/340-8600**

CR2E001 (12-98)