

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

February 17, 1997

5. FEI Number

59-3429317

Applied For

Not Applicable

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

000002908260--3
-06/17/99--01102--016
****908.75 ****908.75

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)(u), 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

6/3/99

Date

813/340-8600

Daytime Phone #

CR2E01 (12/98)