

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 AUG 21 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000101188

1. Corporation Name

FISH BUSTERZ FISHERIES, INC.

Principal Place of Business

Mailing Address

~~228 CORAL AVENUE~~
~~TAVERNIER FL 33070~~

~~228 CORAL AVENUE~~
~~TAVERNIER FL 33070~~



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

2. New Principal Office Address, If Applicable
7001 Shrimp Rd.

3. New Mailing Office Address, If Applicable
P.O. Box 169-

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0797186

Applied For

Not Applicable

City & State
Key West, FL 33040

City & State
Key West, FL 33041-0169

Zip
33040

Country
U.S.A.

Zip
33041-0169

Country
U.S.A.

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LINDBACK, BRIAN E	228 CORAL AVENUE	TAVERNIER FL 33070
D	RENIER, CHARLIE	A-28 12th Avenue 228 CORAL AVENUE	Key West, FL 33040 TAVERNIER FL 33070
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REINSTATEMENT

99-00

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8. Name and Address of Current Registered Agent

LINDBACK, BRIAN E
228 CORAL AVENUE
TAVERNIER FL 33070

9. Name and Address of New Registered Agent

Name
Charles H. Renier
Street Address (P.O. Box Number is Not Acceptable)
A28 12th Avenue
Suite, Apt. #, Etc.
City
Key West
State
FL
Zip Code
33040

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 8-16-2000

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-2000

Date

Daytime Phone #

CR2ED40 (8/98)