PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~REINSTATEMENT~~
2004 AB

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 20 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000009501

1. Corporation Name
ULTIMATE FISHING CENTER INC

2. Principal Office Address	**3.** Mailing Office Address
9385 Bay Pines Blvd	
Suite, Apt. #, etc. B	Suite, Apt. #, etc.
City & State ST PETERSBURG	City & State FLORIDA
Zip 33708 Country USA	Zip 33708 Country

4. Date Incorporated or Qualified To Do Business in Florida JAN 2 - 1998

5. FEI Number 59 349-1613 ☐ 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: JOSEPH COLOSSEO

Street Address (P.O. Box Number is Not Acceptable): 9385 S Bay Pines Blvd

300039833743
07/20/04--01033--002 **150.00

Suite, Apt. #, Etc.:

City: ST PETERSBURG | State: FL | Zip Code: 33708

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 _____ Date 7 - 11 - 04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pres	JOSEPH COLOSSEO	9385 BAY PINES BLVD	ST PETERSBURG FLA 33708

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: _____ 7 - 11 - 04 727-320-7032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ULTIMATE FISHING CENTER
9385 BAY PINES BLVD
ST PETE FLA 33708
P9800000 9501

I DID NOT RECIEVE MY REINSTATEMENT FEE APPLICATION FOR 2004. I HAVE NEVER BEEN LATE IN THE PAST. PLEASE REINSTATE MY CARD. FOR MY $150 OR FEE

PROS

AUG 10-2004