

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

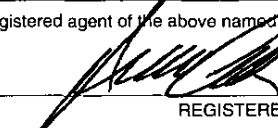
1 of 2

CORPORATION REINSTATEMENT 2004 AB			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000009501				
1. Corporation Name ULTIMATE FISHING CENTER INC				
2. Principal Office Address 9385 Bay Pines Blvd		3. Mailing Office Address		
Suite, Apt. #, etc. B		Suite, Apt. #, etc.		
City & State ST PETERSBURG FLORIDA		City & State		
Zip 33708	Country USA	Zip 33708	Country	

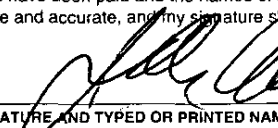
FILED
04 JUL 20 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 COLOSSED	
Street Address (P.O. Box Number is Not Acceptable) 9385 Bay Pines Blvd	
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 11-04
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
Pres	JOSEPH COLOSSED	9385 BAY PINES BLVD	ST PETERSBURG FLA 33708

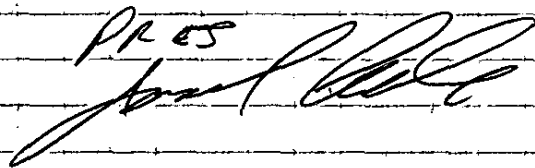
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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: 	11-04-2004-727-320 Date Daytime Phone 9032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E081 (07/04)

2 of 2
ULTIMATE FISHING CENTER
9385 BAY PINES BLVD
ST PETERS FLA 33708

P98000009501

I DID NOT RECEIVE MY REINSTATEMENT
FEE APPLICATION FOR 2004. ~~PRO~~
I HAVE NEVER BEEN LATE
IN THE PAST. PLEASE REINSTATE
my Coll. for my \$150.00 FEE

PROS


July 10. 2004