

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL -1 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000050815

**1. Corporation Name**

Salt Shaker Fishing, Inc.

**2. Principal Office Address**

7119 Dolphin Bay Blvd.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip  
32407

Country  
USA

**3. Mailing Office Address**

P. O. Box 4806

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip  
32401

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/04/1998

**5. FEI Number**

59-3533770

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

02-03

**7. Name and Address of Current Registered Agent**

Name

Martin E. Arnold

Street Address (P.O. Box Number is Not Acceptable)

7119 Dolphin Bay Blvd.

Suite, Apt. #, Etc.

City

Panama City Beach

100021245261

07/01/03--01069--001 \*\*\$300.00

100021245261

07/01/03--01069--002 \*\*\$8.75

State  
FL

Zip Code  
32407

**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

*Martin E. Arnold*

Date 6/27/2003

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
PST	Martin E. Arnold	7119 Dolphin Bay Blvd.	Panama City Beach, FL
			32407

**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:

*Martin E. Arnold*

Martin E. Arnold

6-27-03 (850) 258-3767

Date

Daytime Phone #

CR2E081 (10/02)

2/2/7