

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000052253

1. Corporation Name

FISHINGLIFE, INC.

Principal Place of Business

Mailing Address

700 N.W. 57TH PLACE
SUITE 8
FT. LAUDERDALE FL 33309

700 N.W. 57TH PLACE
SUITE 8
FT. LAUDERDALE FL 33309

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1998

5. FEI Number

59-3522711

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RAEHPOVR, DAVID A	3024 ASHLAND TERR	CLEARWATER FL 33761
VP V.D	MURDOCK, MIKE	19630 GULF BLVD #5	INDIAN SHORES FL 33785
ST D	HARRIS, MICHAEL	10717 TAVISTOCK DR	TAMPA FL 33626
STD	PATTEN, THOMAS F.	1630 N. OCEAN BLVD	POMPAHO BEACH FL 33062

000004694780--0
-11/27/01--01035--014
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATTEN, THOMAS F
700 N.W. 57TH PLACE
SUITE 8
FT. LAUDERDALE FL 33309

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Thomas F. Patten

Date 10-30-01

REGISTERED AGENT MUST SIGN

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: *Thomas F. Patten* THOMAS F. PATTEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-01 (954) 776-6723

Date

Daytime Phone #

CR2E040 (8/01)