


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 29 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000066580**

1. Corporation Name
Anglers Island Marine, Inc.

2. Principal Office Address
3944 Pine Island Road NW

3. Mailing Office Address
3944 Pine Island Road NW

REINSTATEMENT 99-05

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 07/29/1998

City & State
Maitlacha, FL

City & State
Maitlacha, FL

5. FEI Number 65-0855295
Applied For Not Applicable

Zip 33993 **Country** US

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6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
John Lamberg

Street Address (P.O. Box Number is Not Acceptable)
3944 Pine Island Road NW

Suite, Apt. #, Etc.

City
Maitlacha

State
FL

Zip Code
33993

500056722455
06/23/05--01053--015 ** 650.00

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 *John Lamberg* Date **6-24-05**

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
President	John Lamberg	16925 Silver Tarpon Ldg Ct	Bokeelia, FL 33922

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)(f), 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: *John Lamberg* Date **6-24-05** Daytime Phone # **(239) 283-4000**

CS-2001 (P/10)