

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000073965

1. Corporation Name

WOLFF FISHING PRODUCTS, INC.

Principal Place of Business

Mailing Address

7286 BIRD ROAD
MIAMI FL 33155

7286 BIRD ROAD
MIAMI FL 33155

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0854970

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WOLFF, SUSANA D	7286 BIRD ROAD	MIAMI FL 33155
D	WOLFF, VINICIUS	7286 BIRD ROAD	MIAMI FL 33155
			000004242400--2 -05/17/01--01076--027 ****750.00 ****750.00
			000004242400--2 -05/17/01--01076--028 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

WOLFF, SUSANA D
7286 BIRD ROAD
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

WOLFF, SUSANA D
REGISTERED AGENT MUST SIGN

Date

02/21/01

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 or on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

WOLFF, SUSANA D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/21/01 305-2674400

Daytime Phone #



FILED

01 APR 30 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (800)