

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 10 PM 1:55

DOCUMENT # P98000078174

1. Corporation Name

Southern Bass Trails, Inc.

2. Principal Office Address

5910 16th Ave. S.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33619

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 99-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

9/4/98

5. FEI Number

59-3539890

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

Herbert R Donica, Esq.

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

320 W Kennedy Blvd.

Suite, Apt. #, Etc.

520

City

Tampa

State  
FL

Zip Code  
33606

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5-7-01

**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
P, D	Patrick A Strickland	5910 16th Ave S.	Tampa, FL 33619
S	Cecelia Jeffery	5910 16th Ave S.	Tampa, FL 33619

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Patrick A Strickland

May 7, 2001

Date

813-622-6323

Daytime Phone #

CR2E081 (9/00)