PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION									
FOF.									
REINSTATEMENT									



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P98000078174 DOCUMENT #

1. Corporation Name

SOUTHERN BASS TRAILS, INC.

Now Principal Office Address If Applicable

Principal Place of Business

Mailing Address

5910 16TH AVE \$ **TAMPA FL 33619**

5910 16TH AVE S **TAMPA FL 33619**

3 New Mailing Office Address If Applicable

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

FILED

02 NOV 26 AM 8:23

SECTEMBY OF STATE TALLAMASSEE FLORIDA



MSTATEMENT 02

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 59-3539890 Not Ap. Applied Not Ap. Applied City & State Not Ap. Zip. Country Country 6. S8.75 Additional Fee	1805	DOVE	FIELD PLACE		BOX	128	ррпсаою		ness in Florida	09/04	/1998
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 3 Street Address of Each Officer and/or Director 4 City / State / Zip PD STRICKLAND, PATRICK A 5910 16TH AVE S TAMPA FL 33619 PD STRICKLAND, PATRICK A 1805 DOVEFIELD PLACE BRANDDN , FL 3351 12/10/1201079001 ***750.00 8. Name and Address of Current Registered Agent DONICA, HERBERT R ESQ 320 W KENNEDY BLVD 520 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. **, Etc. Street Address (P.O. Box Number is Not Acceptable) South Apt. **, Etc. Street Address (P.O. Box Number is Not Acceptable) South Apt. **, Etc. Street Address (P.O. Box Number is Not Acceptable) South Apt. **, Etc. Street Address (P.O. Box Number is Not Acceptable) South Apt. **, Etc. Street Address (P.O. Box Number is Not Acceptable) South Apt. **, Etc. Street Address (P.O. Box Number is Not Acceptable) South Apt. **, Etc. Street Address (P.O. Box Number is Not Acceptable) South Apt. **, Etc.	City & State	JOON		City & State	O, F					\$8.75	Applied For
Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip PD STRICKLAND, PATRICK A 5910-16TH AVE S TAMPA FL 33619 PD STRICKLAND, PATRICK A 5910-16TH AVE S TAMPA FL 33619 PD STRICKLAND, PATRICK A 1805 DOVEFIELD PLACE BRANDON , FL 3355 B. Name and Address of Current Registered Agent B. Name and Address of Current Registered Agent DONICA, HERBERT R ESQ 320 W KENNEDY BLVD 520 Street Address of Each Officers and/or Director 4 City / State / Zip 12/10/12U1079U01 ***750.00	zip335	5/0	Country	Zip 3355	SO Country			CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
Title(s) 2 and/or Directors 3 Officer and/or Director 4 City State / 2p PD STRICKLAND, PATRICK A 5910 16TH AVE S TAMPA FL 33619 PD STRICKLAND, PATRICK A. 1805 DOVEFIELD PLACE BRANDON, FL 3355 PD STRICKLAND, PATRICK A. 1805 DOVEFIELD PLACE BRANDON, FL 3355 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 12/10/12—01079—001 ***750.00 B. Name and Address of New Registered Agent STRICKLAND PATRICK Street Address (P.O. Box Number is Not Acceptable) 1805 DOVEFIELD PLACE Suite, Apt. #, Etc.			dresses of Each Officer and/	or Director (Flor	rida nonprof	fit corporat	ions must list at le	east 3 directors)	7		
8 JEFFREY, CECELIA 5910 16TH AVE S TAMPA FL 33619 PD STRICK I AND, PATRICK A. 1805 DOVEFIELD PLACE BRANDON, FL 3355 4 JULIJUSE 4 105 4 4 12/10/1201079001 **750.00 8. Name and Address of Current Registered Agent DONICA, HERBERT R ESQ 320 W KENNEDY BLVD 520 Suite, Apt. #, Etc.		2			3					City / State /	^r Zip
PD STRICKIAND, PATRICK A. 1805 DOVEFIELD PLACE BRANDON, FL 335 4U10103440544 12/10/1201079001 **750.00 8. Name and Address of Current Registered Agent DONICA, HERBERT R ESQ 320 W KENNEDY BLVD 520 8. Name and Address of New Registered Agent Name STRICKIAND PATRICK Street Address (P.O. Box Number is Not Acceptable) 1805 DONEFIELD PLACE Suite, Apt. #, Etc.	-P0	STRICKLA	ND, PATRICK A		-5910-16	TH AVE S			TAMPA FL 33619	•	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name STRICKIAND PATRICK Street Address (P.O. Box Number is Not Acceptable) BOS DONE FIELD PIACE Suite, Apt. #, Etc.	-8	JEFFREY,	CECELIA		5910 16	TH AVE S	<u> </u>		TAMPA FL 33619	_	
B. Name and Address of Current Registered Agent DONICA, HERBERT R ESQ 320 W KENNEDY BLVD 520 32 Suite, Apt. #, Etc.	PD	STRICK	LAND, PATRIC	k A.	180	5 Do	VEFIELL	Place	BRANDON	,FL	33510
DONICA, HERBERT R ESQ 320 W KENNEDY BLVD 520 Street Address (P.O. Box Number is Not Acceptable) 1805 DONEFIELD FLACE Suite, Apt. #, Etc.				-,-				4년 12/1 <u>0</u> /	000944 02010790		
DONICA, HERBERT R ESQ 320 W KENNEDY BLVD 520 Street Address (P.O. Box Number is Not Acceptable) 1805 DONEFIELD FLACE Suite, Apt. #, Etc.							······································				4. 2000 8
DONICA, HERBERT R ESQ 320 W KENNEDY BLVD 520 Street Address (P.O. Box Number is Not Acceptable) 1805 DONEFIELD FLACE Suite, Apt. #, Etc.											
STRICKIAND FATRICK Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		8. Nam	ne and Address of Current	Registered Age	nt		Name .	9. Name and /	Address of New Regis	itered Age	nt
320 W KENNEDY BLVD Street Address (P.O. Box Number is Not Acceptable) 1805 DIEFIELD FLACE Suite, Apt. #, Etc.	חחאור	A HERRED	T R FSA				STRICK	CAND	PATRICK		
Suite, Apt. #, Etc.											
		NEIMILDI	DLTD								
		A FL 33606						<u>-</u> .			
BRANDON State Zip Code FL 33510	174411 F			•			BRANK	20~			
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. or 617.0505, F.S.	10. I, being	appointed th	e registered agent of the abo	ve named corpo	oration, am t	familiar wit	h and accept the	obligations of Secti	ion 607.0505, F.S. or 6	17.0505, F	.S.

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.

22 oct 2002