

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 13 PM 4:31

DOCUMENT # P98000099718

1. Corporation Name

LASER FISHING LURE CORPORATION

Principal Place of Business

450 INDIAN BAY BLVD.  
MERRITT ISLAND FL 32953

Mailing Address

450 INDIAN BAY BLVD.  
MERRITT ISLAND FL 32953

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

11/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3544518

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	YOUNG, BRUCE A	<del>2750 TINGLEY DR DOCK B</del> 3520 S. Atlantic Ave	MERRITT ISLAND FL 32953 Cocoa Beach FL 32931
D	LACKEY, GLENN D G	450 INDIAN BAY BLVD.	MERRITT ISLAND FL 32953
			300003856733--2 03/18/01--01105--008 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

SUNDIN, GLENN T  
335 S. PLUMOSA ST., STE. A  
MERRITT ISLAND FL 32952

9. Name and Address of New Registered Agent

Name

Glenn G. Lackey

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

450 Indian Bay Blvd

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

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

*[Signature]*

REQUIRED

REGISTERED AGENT MUST SIGN

Date

20 Feb 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 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]*  
Bruce A. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* 2-20-2001

CR2E040 (8/00)