

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 23 PM 3:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000049393

1. Corporation Name

CAPTAIN D'S FISHING INC

2. Principal Office Address

3421 OAK TRAIL COURT

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33614

Country

3. Mailing Office Address

5290 SEMINOLE BLVD # E/F

Suite, Apt. #, etc.

Attn: Karin Rohret

City & State

ST PETERSBURG, FL

Zip

33708

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/06/1999

5. FEI Number

59-3579059

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

KARIN ROHRET

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

5292 SEMINOLE BLVD

Suite, Apt. #, Etc.

UNIT E/F

City

ST PETERSBURG

State
FL

Zip Code

33708

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

Karin Rohret
REGISTERED AGENT MUST SIGN

Date

12/28/00

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	PRUITT RONALD L	465 LAKE HILL LANE	LARGO, FL 33771
		2908 BURR OAK DRIVE	TAMPA, FL 33618
VP	PRUITT DEAN		

REINSTATEMENT

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:

Ronald L. Pruitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/00 (727) 530-1239

Daytime Phone #