

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # S50971

1. Corporation Name

GOINS FISHIN, INC.

99 JAN -6 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ROUTE 2 BOX 573N

ROUTE 2 BOX 573N

SUMMERLAND KEY FL 33042

SUMMERLAND KEY FL 33042



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

180 South Point Dr

180 South Point Dr

City & State

City & State

Summerland Key FL

Summerland Key FL

Zip

Zip

33042

Country

Country

USA

33042

USA

4. Date Incorporated or Qualified To Do Business in Florida

05/06/1991

5. FEI Number

65-0258567

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	GOINS, DUKE Larry D. (DUKE)	RT-2 BOX 573N 6 Bluewater Dr	Key West, FL 33040
D	GOINS, SCOTT	RT-2 BOX 573N 180 South Pt Dr	Summerland Key, FL 33042
			9000002738499--0 01/12/99--01081--007 ****750.00 ****750.00
			9000002738499--0 -01/12/99--01081--008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HORAN, DAVID PAUL, ESQUIRE
608 WHITEHEAD STREET
KEY WEST FL 33040

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

David Paul Horan **REQUIRED**

REGISTERED AGENT MUST SIGN

Date 6-14-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Larry D. Goins **LARRY D. GOINS** Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-98

Date

(305) 745-2913

Daytime Phone #

CR2040 (9/98)