

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 11 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S87195**

1. Corporation Name

THE WORLD CLASS ANGLER, INC.

2. Principal Office Address

5050 OVERSEAS HWY.

Suite, Apt. #, etc.

City & State

MARATHON, FL.

Zip

33050

Country

MONROE

3. Mailing Office Address

5800 OVERSEAS HWY.

Suite, Apt. #, etc.

Suite 40

City & State

MARATHON, FL.

Zip

3350

Country

MONROE

REINSTATEMENT 97-02

4. Date Incorporated or Qualified
To Do Business in Florida

10-01-92

5. FEI Number

65-0299399

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

Franklin D. Greenman, Esq.

100008019271

8

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

5800 Overseas Highway

03/25/02-01061-001

*****1500.00 ***1500.00**

Suite, Apt. #, Etc.

Suite 40

City

Marathon

State

FL

Zip Code

33050

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

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
PRES.	DAVID M. NAVARRO	1998 OVERSEAS HWY. #2-A	MARATHON, FL. 33050
SEC.	E. ANNE KRUMHOLTZ-NAVARRO	1998 OVERSEAS HWY. #2-A	MARATHON, FL. 33050
V.P.			
TREAS.			

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] **DAVID M. NAVARRO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-02
Date

305-743-6139
Daytime Phone #

CR2E081 (9/01)