

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 FEB 28 PM 3:56

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **743767**
 1. Corporation Name **MARTIN COUNTY SPORTSMEN'S ASSOCIATION, INC.**

Principal Place of Business Mailing Address
P.O. Box 1306
STUART, FL. 34995-1306

REINSTATEMENT

AD
92-97

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/1/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEL# 59-1896462 Applied For	
City & State		City & State		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	RONALD BERNARD	3289 NE HOLLYCREEK DR.	JENSEN BEACH, FL. 34957
V/D	JAMES H. LANTELME	2141 SW PERRY TERRACE	STUART, FL. 34997
E/D	DAVID HARPER (HON)	100 E OCEAN BLVD.	STUART, FL. 34995
S/D T/D	ALAN SHEPHERD	5823 SE ORANGE BLOSSOM TRAIL	HOBE SOUND, FL. 33455
D	DAVID GOOSEY	7592 SE DOVE ST	HOBE SOUND, FL. 33485

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ALAN SHEPHERD 5823 SE. ORANGE BLOSSOM TRAIL HOBE SOUND, FL. 33455		Name	
		Street Address (P.O. Box Number is Not Acceptable) 800002103418--8	
		Suite, Apt. #, Etc. -03/04/97-01037-018 ***612.50 ***612.50	
		City	State FL

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]* Date: **2/25/97**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *[Signature]* **ALAN SHEPHERD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **2/25/97** Daytime Phone #: **(561) 220-8296**

CR2E040 (12/95)