

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 8:22

SECRETARY OF STATE  
 FLORIDA  
 500009417375  
 12/09/02--01046--016 \*\*245.00



**REINSTATEMENT** 02

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

Principal Place of Business Mailing Address  
**8415 SW BUSCH ST P.O. BOX 1306**  
**PALM CITY FL 34990 STUART FL 34995-1306**

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.  
 City & State City & State  
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **08/01/1978**  
 5. FEI Number **59-1896462** Applied For Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BERNARD, RONALD	3289 NE HOLLYCREEK DR.	JENSEN BEACH FL 34957
VD	LANTELME, JAMES H	2141 SW PERRY TERRACE	<del>STUART FL 34997</del> STUART
ED	HARPER, DAVID HON	100 E OCEAN BLVD	STUART FL 34995
TD	GOULD, HIRT HERB	1810 SW CRONE CREEK AVE CRANE	PALM CITY FL 34990
RD	<del>WHIDDEN, CHARLES</del> GRAUSO, LENNY	<del>P.O. BOX 1906</del> SEA PINES 10880 SE CIRCLE	<del>STUART FL 34995</del> FL HOBE SOUND 33455
SD	<del>RUBIN, GLEN G</del> SHORE, GARY	<del>11725 SW MEADOWLARK CR</del> 2325 SE MASTER AVE	<del>STUART FL 34997</del> FL PORT ST. LUCIE

8. Name and Address of Current Registered Agent  
**RUBIN, GLEN G**  
**11725 SW MEADOWLARK CR**  
**STUART FL 34997**

9. Name and Address of New Registered Agent **34952**  
 Name **GARY SHORE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2325 SE MASTER AVE.**  
 Suite, Apt. #, Etc.  
 City **PORT ST. LUCIE** State **FL** Zip Code **34952**

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. or 617.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **11.29.02**  
 REGISTERED AGENT MUST SIGN

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 REQUIRED GARY SHORE** Date **11/30/02** Daytime Phone # **772-335-3169**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)