

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -8 PM 2:19

DOCUMENT # **756635**

1. Corporation Name
Central Florida Dog Hunters Association, Incorporated

300058349393
08/08/05--01063--013 **481.25

REINSTATEMENT 01-05

2. Principal Office Address
P.O. Box 202

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida *3-6-81*

City & State
Altamonte FL

City & State
same

5. FEI Number
592951916

Zip
32702

Country
U.S.A.

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Boyd, Andy*

Street Address (P.O. Box Number is Not Acceptable) *11485 SE 187th Terrace*

Suite, Apt. #, Etc.

City *Ocklawaha* State **FL** Zip Code *32179*

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 *Andy Boyd* Date *8-3-05*

REGISTERED AGENT MUST SIGN

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
<i>Pres</i>	<i>Boyd, Andy</i>	<i>11485 SE 187th Terrace</i>	<i>Ocklawaha, FL 32179</i>
<i>VP</i>	<i>Jones, Mike</i>	<i>12122 Honey Cross Rd</i>	<i>Clermont, FL 34715</i>
<i>D</i>	<i>Bryant, George</i>	<i>45437 N. Hwy 19</i>	<i>Altamonte FL 32702</i>
<i>D</i>	<i>Durden, Timothy</i>	<i>1209 Camp Ave</i>	<i>Mt. Dora FL 32757</i>
<i>T</i>	<i>Bryant, Margaret</i>	<i>45437 N. Hwy 19</i>	<i>Altamonte FL 32702</i>
<i>D</i>	<i>Cook, Christopher</i>	<i>43949 Sterling Rd</i>	<i>Paisley FL 32767</i>

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: *Andrew C. Boyd* Date *8-3-05* Daytime Phone # *352-589-5891*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)