

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 OCT 18 AM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 12-13
CR2E081 (11/10)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000002433

1. Corporation Name
ENFORCERS MOTORCYCLE CLUB ALACHUA COUNTY CHAPTER, INC.

2. Principal Office Address - No P.O. Box # 2603 NW 13th Street		3. Mailing Office Address 2603 NW 13th Street	
Suite, Apt. #, etc. Suite 204		Suite, Apt. #, etc. Suite 204	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32609 - 2835	Country USA	Zip 32609 - 2835	Country USA

4. Date Incorporated or Qualified To Do Business in Florida
03/07/2007

5. FET Number 371557872	Applied For <input type="checkbox"/> Not Applicable
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6. CERTIFICATE OF STATUS DESIRED
YES \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JEFFREY A. SMITH

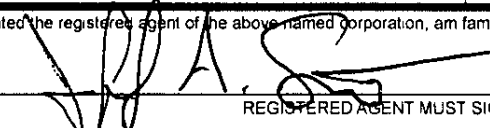
Street Address (P.O. Box Number is Not Acceptable)
1911 NW 23RD STREET

Suite, Apt. #, Etc.

City GAINESVILLE	State FL	Zip Code 32605
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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  Date **10/14/2013**

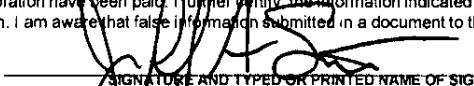
REGISTERED AGENT MUST SIGN

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
P	JEFFREY A SMITH	1911 NW 23RD STREET	GAINESVILLE, FL 32605
V	KEVIN CRAFT	8401 NW 13 St. #155	GAINESVILLE, FL 32653
S /T	BRIAN CHABUE	11224 SW 10th TERRACE	MICANOPY, FL 32667

10. E-mail Address: **alachua.enforcers@gmail.com**
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:  **JEFFREY A. SMITH** 10/14/2013 352 593-1278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. ASHTON