

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 OCT 18 AM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N07000002433

1. Corporation Name

ENFORCERS MOTORCYCLE CLUB ALACHUA COUNTY CHAPTER, INC.

**REINSTATEMENT 12-13**  
CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

2603 NW 13th Street

Suite, Apt. #, etc.

Suite 204

City & State

Gainesville, FL

Zip

32609 - 2835

Country

USA

3. Mailing Office Address

2603 NW 13th Street

Suite, Apt. #, etc.

Suite 204

City & State

Gainesville, FL

Zip

32609 - 2835

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/07/2007

5. FET Number

371557872

Applied For

Not Applicable

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

200253004662  
10/18/13--01036--009 \*\*306.25

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<br>Officers and/or Directors | Street Address of Each<br>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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY A. SMITH

10/14/2013

352 593-1278

Date

Daytime Phone #

K. ASHTON