

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

2. Principal Office Address

P.O. Box 202

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

**REINSTATEMENT 01-05**

City & State

Altamora FL

City & State

same

Zip

32702

Country

U.S.A.

Zip

same

Country

same

4. Date Incorporated or Qualified  
To Do Business in Florida

3-6-81

5. FEI Number

592951916

Applied For

Not Applicable

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

REGISTERED AGENT MUST SIGN

Date

8-3-05

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

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. Bryant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-3-05 352-589-5891

Daytime Phone #

CR2E081 (01/05)