

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 23 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 7 6 1 3 9 0

**1. Corporation Name**

LESSIE HUNTING CLUB, INC.

**2. Principal Office Address**

%HUBERT N. VANZANT

Suite, Apt. #, etc.

RT. 1 BOX 1790

City & State

HILLIARD, FL. 32046

Zip

32046

Country

Nassau

**3. Mailing Office Address**

% HUBERT N. VANZANT

Suite, Apt. #, etc.

Rt. 1 Box 1790

City & State

HILLIARD, FL. 32046

Zip

32046

Country

Nassau

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/08/1982

**5. FEI Number**

59-1223605

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

HUBERT N. VANZANT

Street Address (P.O. Box Number is Not Acceptable)

RT. 1 BOX 1790

Suite, Apt. #, Etc.

City

HILLIARD,

State  
**FL**

Zip Code

32046

**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

*Hubert N. Vanzant*

Date 6/15/00

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
PD	VANZANT, HUBERT N.	Rt. 1 Box 1790	Hilliard, Fl. 32046
VD	VANZANT, LARRY D.	P.O. BOX 38	HILLIARD, FL. 32046
STD	VANZANT, CHARLES H.	2775 Owens Rd.	YULEE, FL. 32096

REINSTATEMENT 99-W TS

**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:

*Hubert N. Vanzant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-15-00 904 845 3432

Daytime Phone #