

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F3

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine B. ...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005570

1. Corporation Name
Do It outdoors, Inc.

2. Principal Office Address
730 North Franklin St.
Suite, Apt. #, etc.

3. Mailing Office Address
Same
Suite, Apt. #, etc.

City & State
York, PA

Zip 17403 **Country** USA

FILED
00 DEC 29 PM 3:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida 10/21/1997

5. FEI Number 23-2905311 **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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City Tallahassee **State** FL **Zip Code** 32301

600003517346-1

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 *Laura R. Dunlap* **Laura R. Dunlap**
REGISTERED AGENT MUST SIGN **as its agent** **Date** 12/29/00

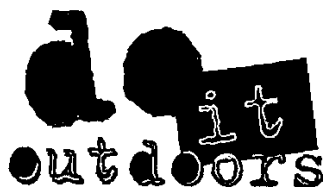
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Co-Pres	David W. Bridgen II	1645 Wyndham South	York, PA 17403
Co-Pres	Regis C. Maher II	893 Heritage Hills Dr.	York, PA 17402

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: *Regis C. Maher II* **12/20/00** **717-852-9143**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E081 (9/99)



730 N. Franklin St.
York PA, 17405

20F3

December 20, 2000

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

Per a phone call with one of your representatives, I am enclosing a check for \$150 representing the fee due with our annual report. Your representative informed me that we didn't need to pay reinstatement fee since our address changed during 2000, and we never receive annual report to file. She told me to write a letter explaining such, and send the amount that would have been due with annual report. Please call me at 717-852-9143 if you have any questions.

Sincerely,

Donald J. Dusich, CPA
Controller



30f3

ACCOUNT NO. : 072100000032

REFERENCE : 947261 5164422

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 150.00

ORDER DATE : December 28, 2000

ORDER TIME : 12:44 PM

ORDER NO. : 947261-005

CUSTOMER NO: 5164422

CUSTOMER: Mr. Don Dusich
DO IT OUTDOORS, INC.
DO IT OUTDOORS, INC.
730 North Franklin Street

York, PA 17403

DOMESTIC FILING

NAME: DO IT OUTDOORS, INC.

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133

EXAMINER'S INITIALS: _____

RECEIVED
00 DEC 29 PM 1:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA