PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
APPLICATION FOR FOR FOR San La Mortham Se realry of State Division of corporations							
DOCUMENT # J29044					98 NOV 23 PM 12: NO		
101 NEW RIVER HUNT CLUB, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Comparison of Business Mailing Address 12-53 B							
			ng Office Address, If Applicable 4, D		Date Incorp To Do Busi	4. Date incorporated or Qualified To Do Business in Florida 08/18/1986	
Suite, Apt. #, etc. Suite, Apt. #,			etc.		5. FEI Number Applied For		
City & State City & State			6.		6.	NOT APPLICABLE Not Applicable 6. \$8.75 Additional Fee required	
	Country Country	Zip	Country			e OF STATUS DESIRED for a Certificate of Status	
7. Names Title(s)	Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must Street Addresses of Each Officers Street Addresses of Each Officers Street Addresses of Each Officers Officer and/or Directors Officer and/or Directors 3 (Do NOT Use Post Officer and/or Directors 1 (Do NOT Use Post Officer and/or Director (Florida nonprofit corporations must be provided in the control of the control					City / State / Zip	
SD WITEKA, PHILLIP.			930 N.E. 14TH AVE.			GAINESVILLE FL	
PD	OWENS, KARL R., JR.	2834 N.W. 23RD BLVD.			GAINESVILLE FL		
双 5CC	FOSTER, ROBERT	7002 S.W. 97TH	7002 S.W. 97TH LN.		GAINESVILLE FL		
D	JOHNSON, C.P. RT.3, BOX 403					GAINESVILLE FL*	
#P	RICE, DON	P.O. BOX 336, N	P.O. BOX 336, NA		GAINESVILLE FL		
					15	1725198	
8. Name and Address of Current Registered Agent Nan				Name	9. Name and Address of New Registered Agent ame		
OWENS, KARL R., JR.				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)							
12. 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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #							

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November 19, 1998

Florida Department of State Division Of Corporations PO Box 6327 Tallahassee, Fl 32314

To Whom it May Concern:

I filed our report and mailed it in on April 4, 1998. Upon receiving the Notice of Administrative Dissolution or Revocation I searched my records and found that I had mailed in my application for renewal with a check of \$150. The check never cleared. The address is different on the notice we last received. I am enclosing another check for \$150 and all of the documentation showing that I filed in a timely manner as you requested in our telephone conversation today. Please waive the fee for reinstatement and consider my application current. Thank you for your attention to this problem.

Should you need any additional information, please advise

Sincerely.

Karl R. Owens, Jr

President/

101 New River Hunt Club 1203 B NW 16th Ave Ganesville, FI 32601