

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W07000059804

DOCUMENT # N00000005329

1. Corporation Name

Bouney Hunters For Christ
Association, INC.

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

5865 Ridgeway center
Suite, Apt. #, etc.

Parkway, Suite 300

City & State

Memphis, TN

Zip

38120

Country

Shelby

3. Mailing Office Address

903 whitehead ave NE
Suite, Apt. #, etc.

City & State

Wilson, NC 27893

Zip

27893

Country

Wilson

7. Name and Address of Current Registered Agent

Name

Lee Moore

Street Address (P.O. Box Numbers Not Acceptable)

1555 Palm Beach Lakes Blvd

Suite, Apt. #, Etc.

Suite 310

City

West Palm Beach, FL

State

FL

Zip Code

33401

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

Lee Moore / Michael Harris atty at law
REGISTERED AGENT MUST SIGN

Date 12-04-2007

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
Exec. Dir.	Lee Moore	903 whitehead ave NE	Wilson, NC 27893
Sec.	Deborah Moore	903 whitehead ave NE	Wilson, NC 27893
Treas.	Thelmon Butler	1119 mossy Knoll dr.	Cordova, TN 38018

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 contained in Chapter 119, 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:

Lee Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-04-2007 252-237-8027

Date

Daytime Phone #

FILED
2007 DEC 17 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600112003886
12/06/07--01050--0000 **437.50

600112003886
12/06/07--01050--0000 **192.50
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

8-7-2000

5. EEI Number

42-1748178

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for Certificate of Status

☒ The reinstatement fees imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.