

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JAN 18, PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005604

1. Corporation Name

THE BIG BEND HUNT CLUB INC.

Principal Place of Business

C/O SANDERS LODGE
PO BOX 142. HWY 20
HOSFORD FL 32334

Mailing Address

C/O SANDERS LODGE
PO BOX 142. HWY 20
HOSFORD FL 32334

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/2000

5. FEI Number

N/A

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LOVE, MIKE	4361 KIMBERLY CIRCLE	TALLAHASSEE FL 32308
D	SANDERS, JAMES	PO BOX 142	HOSFORD FL 32334
D	SINGLETARY, SAMMY	RT 1 BOX 241 S	BRISTOL FL 32304
D	Chip Brady	1116 Winfield Forest Dr	TALLA FL 32311
			300004911863--8 -02/12/02--01060--009 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

SANDERS, JAMES
HWY 20 W.
HOSFORD FL 32334

1 mile W. of Hosford S. Side
of Hwy. 20

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

300004911863--8
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*****236.25 *****236.25

Date 10-16-01

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES SANDERS

10-16-01

Date

Daytime Phone #

850-379-8458

CR2E040 (8/01)