

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 NOV 29 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000005604

1. Corporation Name

BIG BEND HUNT CLUB INC.

W06000050056

2. Principal Office Address

JAMES SANDERS

3. Mailing Office Address

BIG BEND HUNT CI

Suite, Apt. #, etc.

HIGHWAY 20 WEST

Suite, Apt. #, etc.

PO BOX 142

City & State

HOSFORD FLORIDA

City & State

HOSFORD FLORIDA

Zip
32334

Country
USA

Zip
32334

Country
USA

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
0406

7. Name and Address of Current Registered Agent

Name

JAMES SANDERS

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

HWY 20 WEST (1 MILE WEST OF HOSFORD)

Suite, Apt. #, Etc.

City

HOSFORD

State

FL

Zip Code

32334

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

[Signature]

Date 11-5-06

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
PRE	MICHAEL R LOVE	4361 KIMBERLY CR	TALLAHASSEE FL. 32
V.PF	CHIP BRADY	1116 WINFIELD FORES	TALLAHASSEE FL 32
SEC	JAMES SANDERS	PO BOX 142	HOSFORD FL 32334

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:

Michael R Love

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-5-06 877-6843

Daytime Phone #

B. Mitchell

NOV 29 2006