

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

NO1000007897

1. Corporation Name

BIG LAKE AIRBOAT CLUB, INC.

Principal Place of Business

848 WEST VENTURA AVENUE
CLEWISTON FL 33440

Mailing Address

848 WEST VENTURA AVENUE
CLEWISTON FL 33440

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2000

5. FEI Number

65-1145716

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
P	JOHNSON, BOBBY	PO BOX 1244	LABELL FL 33975
V	TUCKER, FRED	695 E. SR LOT 41	MOORE HAVEN FL 33471
T/D	WILSON, BOB	PO BOX 1642	MOORE HAVEN FL 33471
S/D	SYKES, BILL	PO BOX 1361	MOORE HAVEN FL 33471
D	SNIDER, ERNEST	2322 NORTH RIVER RD.	LABELLE FL 33935
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8. Name and Address of Current Registered Agent

YAUN, JOHN A
848 WEST VENTURA AVENUE
CLEWISTON FL 33440

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

John A. Yaun
SIGNATURE REQUIRED
John A. Yaun REGISTERED AGENT MUST SIGN

Date 1-2-02

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:

Bob Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bob Wilson, Treasurer

12/31/01

Date

954-914-8162

Daytime Phone #

CR2E040 (8/01)