

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000008172**

1. Corporation Name

MUSCOGEE HUNTING CLUB, INC.

000061221050
11/07/05--01066--010 **183.73

2. Principal Office Address
P.O. BOX 568

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRISTOL, FL

City & State

Zip
32321

Country
US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 10-23-02

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN E. FAIRCHILD

Street Address (P.O. Box Number is Not Acceptable)
HIGHWAY 20 EAST

Suite, Apt. #, Etc.

City

BRISTOL, FL

State
FL

Zip Code
32321

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

John Fairchild

Date 10-31-05

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
P	JOHN E. FAIRCHILD	HIGHWAY 20 EAST	BRISTOL, FL 32321
D	LEE RICHARDSON	HIGHWAY 20 EAST	BRISTOL, FL 32321
D	MICHAEL WAHLQUIST	HIGHWAY 20 EAST	BRISTOL, FL 32321
	<i>[Signature]</i>		

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 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:

John Fairchild

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-05

Date

(850) 643- 5987

Daytime Phone #