

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|-----------------------------------|--|-----------------------|
| DOCUMENT # N04569 | | FILED JUL 31 AM 11:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 1. Corporation Name Woodberry Hunt Club, Inc. | | | |
| Principal Place of Business C/O Nicholson, Paul 315 Camelia Drive Quincy, FL 32351 | | Mailing Address | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | |
| 2. New Principal Office Address, If Applicable SR 12 | | 3. New Mailing Office Address, If Applicable 2953 Royal Oaks Drive | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Gadsden County FL | | City & State Tallahassee, FL | |
| Zip | Country | Zip | Country |
| | | 32308 | Leon |
| 4. Date Incorporated or Qualified To Do Business in Florida 8/6/84 | | 5. FEI Number | |
| | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | S\$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 | 2 | 3 | 4 |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
| D | Douglas M Croley | 2953 Royal Oaks Drive | Tallahassee, FL 32308 |
| D | W. Paul Nicholson | 315 Camelia Drive | Quincy, FL 32351 |
| D | John M. Revell | 307 Live Oak Lane East | Havana, FL 32333 |
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| | | | |
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| Paul Nicholson 315 Camelia Drive Quincy, FL 32351 | | Name Douglas M. Croley | |
| | | Street Address (P.O. Box Number is Not Acceptable) 2953 Royal Oaks Drive | |
| | | Suite, Apt. #, Etc. | |
| | | City Tallahassee | State FL |
| | | | Zip Code 32308 |
| 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 | | Date | |
| | | 7/13/98 | |
| REGISTERED AGENT MUST SIGN | | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| (See other side for information on intangible tax.) | | | |
| 12. 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 | | July 13, 1998 (850) 386-1922 | |
| | | Date Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

CR2E040 (1/98)