

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 AUG 17 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05000008887**

1. Corporation Name

**United Sportsmen Airboaters Alliance, Inc.
AND**

REINSTATEMENT 06-09

100159650631
08/17/09--01071--002 **253.75

CR2E081 (12/08)

28/19

2. Principal Office Address - No P.O. Box #

18031 S. CR 325

3. Mailing Office Address

P.O. Box 228

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hawthorne

City & State

Island Grove FL

Zip

32640

Country

USA

Zip

32654

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/25/05

5. FEI Number

NONE 20-3481249

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

Jerry Wetherington

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

18031 S. CR 325

Suite, Apt. #, Etc.

City

Hawthorne

State

FL

Zip Code

32640

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jerry L Wetherington
REGISTERED AGENT MUST SIGN

Date

8/14/09

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 |
|--------|--------------------------------------|---|------------------------|
| Pres | Jerry Wetherington | 18031 S. CR 325 | Hawthorne FL 32640 |
| VP | Shellie Downs | P.O. Box 331 | Gulf Hammock, FL 32639 |
| Sec. | Sherrie Sherouse | 8965 NE 20 Terr. | Anthony, FL 32617 |
| Tres | Katherine Cutler | 18006 S. CR 325 | Hawthorne FL 32640 |
| BOB | Norm Clifton | 4600 W Hwy 326 | Ocala FL 34482 |
| BOB | John Eve | 3750 S. Pine Ave | Ocala FL 34471 |

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:

Jerry L Wetherington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/09 352 466 0489
Date Daytime Phone #