

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 30 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # n07000002558

1. Corporation Name

Southern Youth Outdoors Adventure, Inc.

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

6439 sw 96th lane

Suite, Apt. #, etc.

3. Mailing Office Address

6439 sw 96th lane

Suite, Apt. #, etc.

City & State

Lake Butler, FL

City & State

Lake Butler, FL

Zip

32054

Country

Union

Zip

32054

Country

Union

200163182872  
11/30/09--01043--002 \*\*61.25

CR2E081 (11/09)

REINSTATEMENT 09

4. Date Incorporated or Qualified  
To Do Business in Florida

03-12-2007

5. FEI Number

208618071

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

Stalnaker, William

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

6439 sw 96th lane

Suite, Apt. #, Etc.

City

Lake Butler

State

FL

Zip Code

☒ 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

REGISTERED AGENT MUST SIGN

Date 11-25-09

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
D	Stalnaker, William	6439 sw 96th lane	Lake Butler, FL 32054
D	Adams, Bobby	7617 sw 157th lane	Lake Butler, FL 32054
D	Woodall, Scott	14014 sw 48th trail	Lake Butler, FL 32054

10. E-mail Address: k2ranch@yahoo.com

(To be used for future annual report notification)

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. I further certify 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:

William Stalnaker

11-25-2009 (352)494-1541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #