

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
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																												
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																															
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 		Date 11-25-09																													
REGISTERED AGENT MUST SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																															
<table border="1"> <thead> <tr> <th colspan="1">Titles</th> <th colspan="1">Name of Officers and/or Directors</th> <th colspan="1">Street Address of Each Officer and/or Director</th> <th colspan="1">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>Stalnaker, William</td> <td>6439 sw 96th lane</td> <td>Lake Butler, FL 32054</td> </tr> <tr> <td>D</td> <td>Adams, Bobby</td> <td>7617 sw 157th lane</td> <td>Lake Butler, FL 32054</td> </tr> <tr> <td>D</td> <td>Woodall, Scott</td> <td>14014 sw 48th trail</td> <td>Lake Butler, FL 32054</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				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												
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: <u>k2ranch@yahoo.com</u> <small>(To be used for future annual report notification)</small>																															
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																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 11-25-2009 (352)494-1541																													
		Daytime Phone #																													