CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10000006761

11-13

CR2E081 (11/10)

1. Corporation Name
NORTH CENTRAL FLORIDA PIGEON FANCIERS ASSOCIATION INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
16510 S.E. 27 PLACE ROAD	16510 S.E. 27 PLACE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCKLAWAHA, FLORIDA	City & State: OCKLAWAHA, FLORIDA
Zip: 32179 Country: MARION	Zip: 32179 Country: MARION

4. Date Incorporated or Qualified To Do Business in Florida: JULY 16, 2010

5. FEI Number: 90-1035630 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: NO — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: PATRICIA GRAZIANO

Street Address (P.O. Box Number is Not Acceptable): 5296 N.E. 64 AVENUE

Suite, Apt. #, Etc.:

City: SILVER SPRINGS State: FL Zip Code: 34488

REINSTATEMENT

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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: Patricia Graziano — Date: 12-20-13
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
PRESIDENT	Robert Budden	7194 East Hwy 326	Silver Springs, FL 34488
V. PRESIDENT	Keith KEHOE	11635 MISSOURI Street	Leesburg, FL. 34788
SECRETARY	James Reynolds	16510 SE 27th PLACE ROAD	OCKLAWAHA, FL. 32179
TREASURER	ANNA Reynolds	16510 SE 27 PLACE ROAD	OCKLAWAHA, FL. 32179

DEC 23 2013
G. PRATHER

10. E-mail Address: ggg palms@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: James N. Reynolds — JAMES N. Reynolds — 12-20-13 — 352-625-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #