

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

LAFAYETTE County Hunting Club, Inc.
N20516

2. Principal Office Address

P.O. Box 208

Suite, Apt. #, etc.

City & State

MAYO, FL

Zip

Country

32066

US

3. Mailing Office Address

P.O. Box 208

Suite, Apt. #, etc.

City & State

MAYO, FL

Zip

Country

32066

US

REINSTATEMENT 097-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/06/87

5. FEI Number

592803115

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

Patricia Frier

300006234773-4

-07/08/02-01003-017

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

P.O. Box 61 Carbur Ln.

****542.50 ****542.50

Suite, Apt. #, Etc.

City

MAYO

State

FL

Zip Code

32066

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 Frier

Date 6/20/02

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
PD	Broward Frier	P.O. Box 61 Carbur Ln.	MAYO, FL 32066
VOD	Troy Hamlin	Rt 3 Box 204	MAYO, FL 32066
TD	Ronnie Fleming	P.O. Box 1452	Perry, FL 32066

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 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:

Broward Frier Broward Frier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/02

Date

(386) 294-2414

Daytime Phone #

CR2E081 (9/01)