

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 25 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30442

1. Corporation Name

Columbia County Quarterback Club, Inc.

2. Principal Office Address

Suite, Apt. #, etc.

NONE

City & State

OR SAME

Zip

Country

3. Mailing Office Address

P.O. Box 774

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32056

Country

USA

REINSTATEMENT 01-03

500022556075
08/25/03--01101--013 **367.50

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

1-3-1-89

5. FEI Number

59-2488935

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

Guy N. Williams

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

231 NW Burk Ave.

Suite, Apt. #, Etc.

Ste 107

City

Lake City

State

FL

Zip Code

32055

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

Guy N. Williams

REGISTERED AGENT MUST SIGN

Date 8/11/03

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
<u>P</u>	<u>Mike Peters</u>	<u>Rt 15 Box 3662</u>	<u>Lake City, FL 32024</u>
<u>VP</u>	<u>Robbie Evans</u>	<u>Rt 2 Box 336</u>	<u>Lake City, FL 32024</u>
<u>T</u>	<u>Bohky Bishop</u>	<u>Rt 10 Box 449</u>	<u>Lake City, FL 32025</u>
<u>S</u>	<u>Joe Robinson</u>	<u>P.O. Box 63</u>	<u>Lake City, FL 32056</u>

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:

Bohky Bishop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-03

Date

386-752-2502

Daytime Phone #

CR2E081 (10/02)