

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31064

1. Corporation Name

Central Florida Hunting & Fishing Club, Inc.

2. Principal Office Address

710 S.W. 59th Street

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34474

Country

USA

3. Mailing Office Address

5841 S. Magnolia Avenue

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34474

Country

USA

FILED
05 MAY -2 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1989

5. FEI Number

593023280

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

William A. Harris, Esquire

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

50 N. Grove Street

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

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

William A. Harris

Date 3/29/2005

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
<u>P</u>	<u>Horace. Rivers, President</u>	<u>10140 N.W. 115th Avenue</u>	<u>Reddick, FL 32686</u>
<u>V</u>	<u>Homer Gary, Vice President</u>	<u>5841 S. Magnolia Avenue</u>	<u>Ocala, FL 34474</u>
<u>S</u>	<u>Jerry L. Simpson, Secretary</u>	<u>1650 S.W. 5th Place</u>	<u>Ocala, FL 34474</u>
<u>T</u>	<u>Hinton Kinsler, Treasurer</u>	<u>6175 N.W. 130th Avenue</u>	<u>Morrison, FL 32668</u>
<u>-P</u>	<u>Albert Haynes, Parliamentarian</u>	<u>2205 NW 27th Avenue</u>	<u>Ocala, FL 34475</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:

Homer A. Gary Jr
Homer A. Gary Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2005

Date

(352) 816-0137

Daytime Phone #

CR2E081 (01/05)