

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N38300

1. Entity Name  
KINARD SPORTSMAN'S CLUB, INC.



Principal Place of Business  
4245 SW SR 73  
KINARD, FL 32449

Mailing Address  
4245 SW SR 73  
KINARD, FL 32449

2. Principal Place of Business  
4245 SW SR 73

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Kinard, Florida

City & State

Zip  
32449

Country  
U.S.A

Zip

Country

11092004 REIN-NP

CR2E099 (6/04)

4. FEI Number  
59-3130383

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPPS, WINSTON  
4245 SW SR 73  
KINARD, FL 32449

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Winston Capps*

11-12-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CAPPS, WINSTON  
STREET ADDRESS 4245 SW SR 73  
CITY-ST-ZIP KINARD, FL 32449 ☐ Delete

TITLE DVP  
NAME ALDAY, ALBERT  
STREET ADDRESS RT 2 BOX 293  
CITY-ST-ZIP ALTHA, FL 32421 ☐ Delete

TITLE S  
NAME NICHOLS, HENRY  
STREET ADDRESS RT 1 BOX 121  
CITY-ST-ZIP CLARKSVILLE, FL 32402 ☐ Delete

TITLE D  
NAME BARKER, TD  
STREET ADDRESS RT 1 BOX 7707  
CITY-ST-ZIP KINARD, FL 32449 ☐ Delete

TITLE D  
NAME YOUNG, EUGENE  
STREET ADDRESS PO BOX 472  
CITY-ST-ZIP ALTHA, FL 32421 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

*Bul23*

100042782541  
11/16/04--01047--009 \*\*70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Winston Capps*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-04

Date

850-639-5308

Daytime Phone #