PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 21 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40608

1. Corporation Name
SOUTHEASTERN GREAT OUTDOORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 142123 CORAL GABLES FL 33114	P O BOX 142123 CORAL GABLES FL 33114

REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/05/1990

5. FEI Number: 65-0220531 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	~~APPERT, WILLIAM M.~~ Michael E. Vigil	~~6871 SW 75TH STREET~~ 9445 Fontainbleau Blvd #206	~~SOUTH MIAMI FL~~ Miami, Fl 33172
TD	COYLE, THOMAS J.	~~2597 SW 15TH ST.~~ 230 Calabria Ave. #6	~~MIAMI FL~~ Coral Gables, Fl 33134
SD	~~PETERSON, HARRY~~ John Sterpe	~~1424 ARTHUR ST., APT. 504~~ 511 NE 129th Street	~~HOLLYWOOD FL~~ North Miami, Fl 33161

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COYLE, THOMAS J. ~~2597 SW 15 ST.~~ ~~MIAMI FL 33145~~	Name Street Address (P.O. Box Number is Not Acceptable): 230 CALABRIA AVE. ~~Apt #~~ 6 Suite, Apt. #, Etc.: #6 City: Coral Gables; State: FL; Zip Code: 33134

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Thomas J. Coyle — Date: Nov. 3, 1997
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: THOMAS J. Coyle Thomas J. Coyle — Nov 3, 1997 — (305) 460-2914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #