

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **N43505**

1. Corporation Name  
**ROCKY CREEK STALK AND STILL HUNTING CLUB, INC.**

**FILED**  
 01 OCT 16 AM 10:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

C/O ARGENT K. HARE 6350 ARTHUR BROWN RD. WALNUT HILL FL 32568  
 C/O ARGENT K. HARE 6350 ARTHUR BROWN RD. WALNUT HILL FL 32568



**REINSTATEMENT** \_\_\_\_\_ *2001*

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

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

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

4. Date Incorporated or Qualified To Do Business in Florida **05/20/1991**

5. FEI Number **59-3109287** 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BROY, JERRY	795 CEDAR TREE LANE	CANTONMENT FL
D	MITCHELL, TOMMEY	8860 UNTRINER AVE	PENSACOLA FL
D	BRATLEY, L. RICKY	3430 PINE BARRON ROAD	MC DAVID FL 32568
P	HARE, ARGENT K	6350 ARTHUR BROWN RD.	WALNUT HILL FL <b>LS</b>
V	HARE, HERBERT	6271 ARTHUR BROWN ROAD	WALNUT HILL FL
ST	HARE, JEFFREY A	6350 ARTHUR BROWN ROAD	WALNUT HILL FL

8. Name and Address of Current Registered Agent

HARE, ARGENT K.  
 6350 ARTHUR BROWN RD.  
 WALNUT HILL FL 32568

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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 *Argent K. Hare* Date **10-13-01**  
 REGISTERED AGENT MUST SIGN

11. 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.

**300004662743--3**  
**-11/01/01--01050--007**  
**\*\*\*\*245.00 \*\*\*\*245.00**

SIGNATURE: *Argent K. Hare* **ARGENT K. HARE** **10-13-01** **1-850-327-4531**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)