PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 05 NOV 21 PM 7: 09 SECRETARY OF STATE FALLAMASSIE, FLORIDA					
DOCUMENT # N45181 1. Corporation Name								£ 8	ecreti LLAH	ASSEE, FLORID	PA.	
	Co	nser	vation	Outdoor	s Inc.							
401 S. 15th Street P				P.O.	Mailing Office Address P.O. Box 1023			BEINSTATERRENT 03-05				
Suite, Apt. #, etc. Suite, Apt.					r, etc.			4. Date Incorporated or Qualified To Do Business in Florida 09/17/1991				
				City & State Alpha	state haretta, GA			5. FEI Number Applied For				
Zip 320	32034 Country USA			Zip 30009	009 Country USA			59-3050753 Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
	7. Name and Address of Current Registered Agent Name											
	Terry V. McKendree Street Address (P.O. Box Number is Not Acceptable) 401 S. 15th Street Suite, Apt. #, Etc. City Fernandina BEach State Zip Code 32034											
8. 1, 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 Date Nov. 15, 2005												
9. Names	and Street Ad	ldresses	of Each Officer a	ınd/or Director (F	Floride nonpro	fit corporations	must list at le	ast 3 directors)	1			
Titles	Name of Officers and for Directors			វេទ	Street Address of Each Officer and /or Director				City / State / Zip			
P/S	Terry McKendree			401 S. 15th St			Fernandina Beach, FL 3203.					
VP/T	William Vartorella			277 Peckwood Drive				Camden, SC 29020				
T	Carson B. McKendree			3040 Woodfield Way			Cumming, GA 30040					
						. '	,	30 11/21	1006 1050	5160342 1040008 **	:3 :358.75	
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 filling 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: SIGNATURE: Date Daytime Phone #												