

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001525

1. Corporation Name

Florida Sporting Clays Association, Inc.

2. Principal Office Address - No P.O. Box #

641 SW 93<sup>rd</sup> Ave

Suite, Apt. #, etc.

3. Mailing Office Address

641 SW 93<sup>rd</sup> Ave

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33025

Country

USA

Zip

33025

Country

USA

7. Name and Address of Current Registered Agent

Name

Wayne South

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

641 SW 93<sup>rd</sup> Ave.

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33025

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

*Wayne E. South*

REGISTERED AGENT MUST SIGN

Date 3/11/10

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
P/D	Wayne South	641 SW 93 <sup>rd</sup> Ave	Pembroke Pines, FL 33025
V/D	Parsons Metzko	4205 Hield Rd N.W.	Palm Bay, FL 32907
S/D	Roger Kershaw	400 Beverly Ct.	Melbourne Beach, FL 32951
T/D	Gregg Nelson	1919 Tiptree Circle	Orlando, FL 32837

10. E-mail Address: wsouth2@bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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:

*Wayne E. South*

Wayne E. South

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/10

Date

9545938488

Daytime Phone #

FILED

10 MAR 17 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 06-10

4. Date Incorporated or Qualified To Do Business in Florida

3/22/1994

5. FEI Number

59-3366362

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

3/18/10