## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FI ORIDA DEPARTMENT OF STATE APPROVED FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR**

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT #

REINSTATEMENT

N94000001776

1. Corporation Name

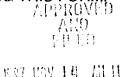
ALAQUA WILDLIFE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1385 HAROLD AVE PENSACOLA FL 32514 1385 HAROLD AVE

PENSACOLA FL 32514



1597 HOV 14 MINE TO SECRETARY OF STATE TALLAMASSEE FLORIUM



Mabove addresses are incorrect in any way, line through incorrect information and enter correction below     New Principal Office Address, If Applicable     3. New Mailing Office Address, If Applicable						Date Incorporated or Qualified			
Suite, Apt. #, etc. Suite, Apt.				#, etc.		To Do Business In Florida 04/08/1994			
				ty & State		5. FEI Numb	5. FEI Number		
City & State									
Zip	Country Zip			Country		CERTIFICA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Addre	sses of Each Officer an	d/or Director (F	torida nonprofit o	_ <del></del>				
(a)eltiT	(a) Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box		tor	City / State / Zip		
D	WHITTINGTON, ROLAND			1385 HAROLD AVE			PENSACOLA FL 32514		
D	TURNER, PAT			6205 DALISA RD			MILTON FL 32583		
D	EDGECUMBE, BILL			8525 KIPLING			PENSACOLA FL 32514		
								4 10 10	
				REINSTATEMENT			a thur		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
						Name			
WHITTINGTON, ROLAND 1385 HAROLD AVE					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32514					Sulte, Apt. #, E			****296.25	
					City		State FL	Zip Code	
10. I, being	g appointed the re	oistered agent of the at	ove named cor	poration, am fam	lliar with and accept the	obligations of Se	ction 607.0505, F.S.	L	
Signature of Registered	of Agent <i>Koll</i>	and Whi	REGISTERED A	AGENT MUST S	GN		Date 11-10-9	7	
		tion owes or hersonal Prope					(See other sic on inter	le for information agible tax.)	
this rein	nstatement applic	ation, the reason for dis:	solution has bee	en eliminated, the	corporate name satisfic	es the requiremen	hapter 607 or 617, F.S. I further its of section 607.0401 or 617.0 inder section 119.07(3)(i), F.S.	401, F.S., that all fees	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.