

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

98 NOV 23 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002574

1. Corporation Name

PRETTY CREEK HUNTING CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 352
MOLINO FL 32577

P.O. BOX 352
MOLINO FL 32577

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

05/25/1995

5. FEI Number

NOT APPLICABLE

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
D	WALLACE, OTTO A	1090 DAFFIN RD	MOLINO FL 32577
D	PLENKERS, RUSSELL	4940 RICHARDSON RD	MOLINO FL 32577
D	CARPER, REGINALD D	10430 HWY 97A	WALNUT HILL FL 32568
			400002703734--6 -12/04/98--0103--008 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALLACE, OTTO A III
1090 DAFFIN RD
MOLINO FL 32577

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

Otto A. Wallace III

REGISTERED AGENT MUST SIGN

Date 11-20-98

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:

Otto A. Wallace III Otto A. Wallace III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-98

Date

850 587 5241

Daytime Phone #

CR2E040 (9/98)

To Department of State

(2)

I recieved at letter stating that my check on reinstatement has not been filed, I sent the check & form on July 15th 1998. I called my bank & the check has not cleared, so it must be lost in the mail. The check # was 4101 on 7/15 to Department of state if you recieve this check please destroy it. I'm sending another payment along with reinstatement form.

thank you

Otto A. Wallace