PLEASE READ ALL	INSTRUCTIONS BEFORE C	OMPLETING THIS FORMED
		FILED



CORPORATION	
REINSTATEMENT	

Suite, Apt. #, Etc.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 19500003952 1. Corporation Name Pettis Springs Huntin CLUB INC.

Principal Office A	Bex 215z-c	3. Mailing Office Addre	ss <u>c 2/5</u> 2~6		
Suite, Apt. #, etc:		Suite, Apt. #, etc.		4. Date Incorporated or Qualified	
City & State		City & State		• · · · · · · · · · · · · · · · · · · ·	17-95
MADISO	n 71	MAdison	· 7/	5. FEI Number 59-33500 13	Applied For Not Applicable
32340	MAdison	^{zip} 32340	Madisan	6. CERTIFICATE OF STATUS DESIDED	75 Additional Fee required for a Certificate of Status
. 7. Name and Address of Current Registered Agent					
Name	Wesley Ross			300003500 12/13/000	
Street	Address (P.O. Box Number is N	ot Acceptable) 2152 - C		*****61.25	*****6].25

Signature e Rigistered	Agent	Hass GENT MUST SIGN	Date
9. Name	s and Street Addresses of Each Officer and/or Director (F Name of Officers and/or Directors	lorida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director	City / State / Zip
PT	Wesley Ross	Rt3 Box 215 2-c	Madison 7/ 32340
VPD	EARNIE PAGE III	P.O. Box 578	MAdison 7/ 32340
\mathcal{D}	GARY Hawerson	C.R. 254	MAJ: SON 7/ 32340

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.

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 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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

State

FL

Zip Code 32340

CR2E081 (9/99)

N95006603952 (2)

To Whom it may Concern;

I AM SORRY I have Not file
My U.B.R. But I have Not been
Receiving My MAIL.

Please Reinstate my Corp: Pettis Springs Hunting Club INC.

THANKS

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