PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICAT FOR REINSTATE		Sandra Secret	RTMENT OF STATE  B. Mortham  ary of State  CORPORATIONS		FILE)	
DOCUMENT # N9600003981				,	13 JUL 7 - PH 5: 53	
1. Corporation Name TWO GATE HUNTING CLUB, INC.				STECHT OF STATE TALLAH OSHA, FLORIDA		
Principal Place of Business Mailing Addre						
5504 RESSIE DR. JACKSONVILLE FL 32218		5504 RESSIE DR. JACKSONVILLE FL 32218		597	1699004635	
If above addresses are incorrect in any way, line through incorrect information and enter  2. New Principal Office Address, If Applicable 3 New Mailing Office Address, I				Date Incorporati	-06/17/9797856035 *****61.25 *****61.25	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		To Do Business		
City & State		City & State		5. FEI Number	Applied For Not Applicable	
Zip	Country	Zip	Country	6.	STATUS DESIRED S8.75 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)	Name of Officers Stree			1	City / State / Zip	
PRESENT ROBERT T. CARTER HILLIARD PL 32046 HILLIARD FL 32046						
PRES. WAYNE CARUTHERS 942 Old DIXIE HWY. CAllAHAN FL 32011						
TREA WARREN H. Eleod 5504 RESSIE DR. JACKSONVILLE, Fl 322						
-				500	-07/07/9801028001	
REINSTATEMENT 47-98						
5- 7-98						
8. Name and Address of Current Registered Agent				9. Name and Addr	ress of New Registered Agent	
ELROD, WARREN H				(P.O. Box Number is Not Acceptable)		
5504 RESSIÈ DR. JACKSONVILLE FL 32218				Suite, Apt. #, Etc.		
				City State Zip Code		
10. I help appointed to	ne registered event of the sho	we named corporation am		bligations of Section 6	FL	
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					Date 12-3 97	
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 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: Warren H. Elea Warren H. Elrod 12-3-97 764-1743  SIGNATURE: Date OF SIGNING OFFICER OR DIRECTOR  Date Dayline Phone #						