

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # N96000003981

1. Corporation Name

TWO GATE HUNTING CLUB, INC.

2. Principal Office Address

151506 CR 108 - P O BOX 781

Suite, Apt. #, etc.

City & State

HILLIARD, FL

Zip

32046-0781

Country

USA

3. Mailing Office Address

P O BOX 781

Suite, Apt. #, etc.

City & State

HILLIARD, FL

Zip

32046-0781

Country

USA

REINSTATEMENT

03-04
MRS

4. Date Incorporated or Qualified

To Do Business in Florida 07/29/1996

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERTSON, WESLEY A.

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

37320 BULFORD ROAD

Suite, Apt. #, Etc.

City

HILLIARD

State

FL

Zip Code

32046-6900

900035795899
05/10/04--01026--021 **308.25

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

Wesley A. Robertson W. Robertson

Date 04/29/04

REGISTERED AGENT MUST SIGN

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
DP	CARTER, ROBERT T.	106 MARSHALL LANE	HILLIARD, FL 32046-6988
DVP	CARUTHERS, WAYNE	451096 OLD DIXIE HWY	CALLAHAN, FL 32011-6652
DST	ROBERTSON, WESLEY A.	37320 BULFORD ROAD	HILLIARD, FL 32046-6900

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:

WESLEY A. ROBERTSON W. Robertson

04/29/2004

904 845-4534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)