


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

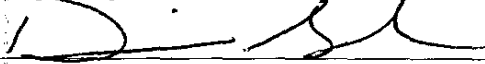
REINSTATEMENT 02-09

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005448			
1. Corporation Name Suwannee County Sheriffs Mounted Posse Inc.			
2. Principal Office Address 15400 NCR 349 Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 54 Suite, Apt. #, etc.	
City & State Live Oak, FL		City & State Live Oak, FL	
Zip 32060	Country	Zip 32064	Country


4. Date Incorporated or Qualified To Do Business in Florida 10/21/96	
5. FEI Number 59-3479933	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Dianna Gordon		
Street Address (P.O. Box Number is Not Acceptable) 15400 NCR 349		
Suite, Apt. #, Etc.		
City Live Oak	State FL	Zip Code 32060

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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 	Date 5/18/04
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
P-D	Govan Knight	16069 165th Rd Live Oak, FL 32060	Live Oak, FL 32060
V-D	Gerold White	5972 Pine Crest Rd.	Live Oak, FL 32060
S/T-D	Dianna Gordon	15400 NCR 349	Live Oak, FL 32060
O-D	James Allen - SGT ARMS	7697 161st Rd.	Live Oak, FL 32060
O-D	Les Hall - Liason Officer	11015 71st Dr.	Live Oak, FL 32060

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: Dianna Gordon - 		Date 5/18/04	Daytime Phone # 386-208-9775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (01/04)