

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 19 PM 12:07

DOCUMENT # N98000000176

1. Corporation Name

SANDPINE HUNTING CLUB INC.

Principal Place of Business

11525 BOUNDARY LINE RD.
MILTON FL 32583

Mailing Address

11525 BOUNDARY LINE RD.
MILTON FL 32583

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1998

5. FEI Number

59-3512952

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Fee for Certificate of Status
For each 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 and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	Vincent Polk	11525 Boundary line Rd.	Milton, FL 32583
D	Debbie Polk	11525 Boundary line Rd.	Milton, FL 32583
D	Randy Polk	11525 Boundary line Rd.	Milton, FL 32583
D	Buddy Polk	10274 Pond Rd.	Milton, FL 32583

8. Name and Address of Current Registered Agent

POLK, VINCENT
11525 BOUNDARY LINE RD.
MILTON FL 32583

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, Not Applicable)

Suite, Apt. #, Etc.

City

205003061052--9

12/06/99 01014-022

***236.25 ***236.25

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 607.0608, F.S.

Signature of
Registered Agent

Vincent Polk

REQUIRED

Date 11-2-99

REGISTERED AGENT MUST SIGN

11. 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.

Vincent Polk

SIGNATURE:

Vincent Polk

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-99

Date

850-623-0268

Daytime Phone #