

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004358

1. Corporation Name

Central Levy Farms Hunt Club, Inc.

700008967237
11/13/02--01057--012 **358.75

2. Principal Office Address 18150 NW 35th Street Suite, Apt. #, etc. City & State Williston, Florida Zip Country 32696 USA		3. Mailing Office Address P.O. Box 608 Suite, Apt. #, etc. City & State Williston, Florida Zip Country 32696 USA	
---	--	---	--

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida July 14, 1999	
5. FEI Number 35-2186794	Applied For 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 Colleen B. Thomas		
Street Address (P.O. Box Number is Not Acceptable) 18150 NW 35th Street		
Suite, Apt. #, Etc.		
City Williston	State FL	Zip Code 32696

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

Colleen B. Thomas

Date

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
D	Colleen B. Thomas	18150 NW 35th Street	Williston, FL 32696
D	Sheila B. Cox	18150 NW 35th Street	Williston, FL 32696
D	Paige B. Holt	18150 NW 35th Street	Williston, FL 32696

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:

Colleen B. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-02

Date

528-6844

Daytime Phone #

CR2E081 (9/01)