


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

01 NOV -5 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005687

1. Corporation Name

Sand Creek Hunting Club, Inc.

2. Principal Office Address

2111 Wallace Lake Road

Suite, Apt. #, etc.

City & State

Pace, Florida 32571

Zip

32571

Country

United States

3. Mailing Office Address

2111 Wallace Lake Road

Suite, Apt. #, etc.

City & State

Pace, Florida 32571

Zip

32571

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

9/24/99

5. FEI Number

59-3659925

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 2001

7. Name and Address of Current Registered Agent

Name

Douglas F. Miller

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

125 West Romana Street

Suite, Apt. #, Etc.

Suite 800

City

Pensacola

State  
FL

Zip Code  
32501

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 10-22-01

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
Pres./ Dir.	Ernest Jernigan	2111 Wallace Lake Road	Pace, Florida 32571
V. Pres /Dir.	Clay Melvin	4699 Ephren Lane	Pace, Florida 32571
Sec/Tr /Dir.	Bill Tucker	2679 Renfroe Road	Pace, Florida 32571
Dir.	Lewis Blanton	3261 Melvin Drive	Pace, Florida 32571
Dir.	Joe Colucci	2893 Renfroe Road	Pace, Florida 32571

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-01 850-994-8637

Date

Daytime Phone #

CR2E001 (9/00)