

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 4: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000097217

1. Corporation Name

SPORTING CLAYS INTERNATIONAL, INC.

Principal Place of Business

4285 S.W. 57 TERRACE  
DAVIE FL 33314

Mailing Address

4285 S.W. 57 TERRACE  
DAVIE FL 33314



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

REINSTATEMENT *or*

2. New Principal Office Address, If Applicable

17601 S.W. 8 Street  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7320 Griffin Road  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/2000

City & State

Miami, FL

City & State

DAVIE, FL

5. FEI Number

65-1060255

Applied For

Not Applicable

Zip

33194

Country

USA

Zip

33314

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BUGBEE, GLENN E	4285 S.W. 57 TERRACE	DAVIE FL 33314
D	BUGBEE, AMANDA	4285 S.W. 57 TERRACE	DAVIE FL 33314
D	BUGBEE, ALICIA	4285 S.W. 57 TERRACE	DAVIE FL 33314

200008641632  
10/29/02--01018--018 \*\*750.00

*Handwritten signature*

8. Name and Address of Current Registered Agent

BUGBEE, AMANDA  
4285 S.W. 57 TERRACE  
DAVIE FL 33314

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature of Amanda Bugbee*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/25/02

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)(f), 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 of Amanda Bugbee*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02 394 587-1966

CR2040 (8/02)