

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000016425**

1. Corporation Name

C & S Outdoors, INC.

2. Principal Office Address

455 W. Main St.

Suite, Apt. #, etc.

City & State

Lake Butler, FL

Zip

32054

Country

USA

3. Mailing Office Address

P.O. Box 598

Suite, Apt. #, etc.

City & State

Lake Butler, FL

Zip

32054

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-12-01

5. FEI Number

59-3701218

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wayne M. Cox II

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

455 W. Main Street

Suite, Apt. #, Etc.

City

Lake Butler

State
FL

Zip Code

32054

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

Wayne M. Cox II

REGISTERED AGENT MUST SIGN

Date

4-3-03

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/Vpres	Wayne M. Cox II	455 W. Main St.	Lake Butler, FL 32054
Sec/Tres	Dawn M. Cox	455 W. Main St.	Lake Butler, FL 32054

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:

Wayne Cox

Wayne Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-3-03

Daytime Phone #

386.496.0000

FILED

03 APR -8 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800015469388

04/08/03--01047--006 **308.75

CR2E081 (10/02)

Guns Archery Your Complete Hunting Store Fishing Supplies
C & S Outdoors, Inc.



455 W. Main Street • Lake Butler, Florida 32154
Hours: Mon - Sat. 9 (A) - 6 (P) M

Sales by
Wayne Cox

Ph: 386-496-0000
Fax: 386-496-0028

To whom it may concern: 4/3/03

The information we were suppose to receive to renew our Corporation, we never received. It was sent to our old address, so therefore we never received it. So we called and spoke to someone in your office and we are now sending in the paperwork with the money to ~~reinstatement~~ ^{pay annual dues} for our Corporation. So if you would please waive the reinstatement fee.

Thank you -
Wayne Cox