


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 MAR 11 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600030560456
03/16/04--01049--013 **300.00

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 801-79485			
1. Corporation Name The Fox Pen Hunt Club, Inc.			
2. Principal Office Address 1771 Newman Lane Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Tallahassee, Florida 32312		City & State 	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 8/13/2001	
5. FEI Number 593739540	Applied For <input type="checkbox"/> 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 Bryan Robinson		
Street Address (P.O. Box Number is Not Acceptable) 1771 Newman Lane		
Suite, Apt. #, Etc. 		
City Tallahassee	State FL	Zip Code 32312

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

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
DP	Bryan Robinson	1771 Newman Lane	Tallahassee, FL 32312
D	Michael Corley	372 Cocroft Road	Monticello, FL 32344

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

Date

Daytime Phone #

CR2E081 (01/04)

SONYA DAWS, P.A.

Attorney at Law

3116 Capital Circle N.E., Suite 5

Tallahassee, FL 32308

Office (850) 668-5246

Fax (850) 668-5613

Wednesday, March 10, 2004

Via Hand-Delivery

Florida Department of State
Division of Corporations

Re: The Fox Pen Hunt Club, Inc.

To Whom It May Concern:

Please find enclosed check #2092 in the amount of \$300.00 made payable to the Florida Department of State for the payment of the corporate reinstatement. Also enclosed is the corporate reinstatement form.

If you have any questions in regards to this or any other matter please feel free to call our office. Thank you.

Sincerely,



Larissa Williams
Legal Assistant

RECEIVED
04 MAR 11 PM 1:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA