

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082964

1. Corporation Name

BACKCOUNTRY OUTDOORS UNLIMITED INC.

Principal Place of Business

651 N FFA ROAD  
FORT PIERCE FL 34945

Mailing Address

651 N FFA ROAD  
FORT PIERCE FL 34945

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

2. New Principal Office Address, If Applicable  
1313 West Midway Road

Suite, Apt. #, etc.

City & State  
Fort Pierce, Florida

Zip Country  
34982 USA

3. New Mailing Office Address, If Applicable  
1313 West Midway Road

Suite, Apt. #, etc.

City & State  
Fort Pierce, Florida

Zip Country  
34982 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/31/2002

5. FEI Number

42-1544865

Applied For

Not Applicable

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	MURPHY, TIM T	651 N FFA ROAD	FORT PIERCE FL 34945
P,D	Murphy, Timothy T.	1313 West Midway Road	Fort Pierce, FL 34982
D	Murphy, Jr., Travis E.	1313 West Midway Road	Fort Pierce, FL 34982

900024100269  
10/27/03--01004--023 \*\*158.75

8. Name and Address of Current Registered Agent

MURPHY, TIM T  
651 N FFA ROAD  
FORT PIERCE FL 34945

9. Name and Address of New Registered Agent

Name

Timothy T. Murphy

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

1313 West Midway Road

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34982

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]*  
REGISTERED AGENT MUST SIGN

Date 10/16/2003

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)(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2003

Date

Daytime Phone #

CR2040 (7/03)

**BACK COUNTRY OUTDOORS UNLIMITED, INC.**

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October 16, 2003

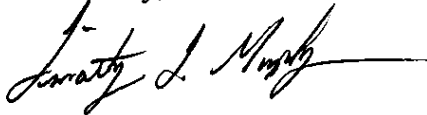
State of Florida  
Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sirs:

I am requesting a waiver of the reinstatement fee for my corporation. I did not receive either of the two prior uniform business report (UBR) notices. I have enclosed check number 203 in the amount of \$158.75 for the annual fee due and the certificate of status.

Thank you for your consideration in this matter.

Sincerely,



Timothy T. Murphy  
President

TTM/tgc