

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 APR 27 AM 11:57

DOCUMENT # P04000171506

1. Corporation Name

North American Whitetail Adventures, Inc.

2. Principal Office Address - No P.O. Box \*

3125 SW Mapp Rd

Suite, Apt. #, etc.

3. Mailing Office Address

3125 SW Mapp Rd

Suite, Apt. #, etc.

City & State

Palm City, Fla

City & State

Palm City, Fla

Zip

34990

Country

United States

Zip

34990

Country

United States

200178002342

04/27/10--01006--025 \*\*161.25

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/04

5. FEI Number

☒ 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

Brian G. West

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

3125 SW Mapp Rd

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

BRIAN G WEST

REGISTERED AGENT MUST SIGN

Date

4/23/10

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
PVSD	Brian G. West	3125 SW Mapp Rd	Palm City, FL 34990

200178002342

04/27/10--01006--026 \*\*297.50

REINSTATEMENT

08-10 TB

4/27/10

10. E-mail Address:

westcodev@comcast.net

(To be used for future annual report notification)

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. I further certify, 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

BRIAN G. WEST

Date

Daytime Phone #

4/23/10 772-221-8500