

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000019776

1. Corporation Name

SEMINOLE COUNTY WILDLIFE ASSOCIATION, INC.

Principal Place of Business

4570 ORANGE BLVD
LAKE MONROE FL 32747

Mailing Address

P.O. BOX 470264
LAKE MONROE FL 32747-0264

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

2. New Principal Office Address, If Applicable

3400 CELERY AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 150
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1994

5. FEI Number

59-3229883

Applied For

Not Applicable

City & State

SANFORD, FLORIDA

City & State

LONGWOOD, FLORIDA

Zip

32771

Country

SEMINOLE

Zip

32752-0150

Country

SEMINOLE

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
P	DALE, LARRY A	120 KAYWOOD DRIVE 3400 CELERY AVE.	SANFORD FL 32771
VP	GOOD, MICHAEL J	1020 EDMISTON PLACE	LONGWOOD FL 32750
T	TYE, ARTHUR D	22948 WOLF BRANCH ROAD	SORRENTO FL 32776
ST	HAMMOCK, JAMES W	5089 THE OAKS CIRCLE	ORLANDO FL 32809
			900009247709 11/27/02--01108--004 **758.75

8. Name and Address of Current Registered Agent

WALLACE, GEORGE B
700 W. FIRST ST
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name

LARRY A. DALE

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

3400 CELERY AVE.

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/22/02

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)(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 REQUIRED
JAMES W. HAMMOCK
SEC. TREASURER

Date

11/22/02

Daytime Phone #

407-716-6535

CR2E040 (8/02)