

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

07 AUG -9 AM 9:20

DOCUMENT # P95000017563

1. Corporation Name

Otter Sink Hunt Club, Inc.

REINSTATEMENT

98-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

806A East Wade Street

3. Mailing Office Address

P.O. Box 96, Trenton, FL 32693

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Trenton, FL

City & State

Trenton, FL

Zip
32693

Country
USA

Zip
32693

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1995

5. FEI Number

593313007

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
James A. Bailey

Street Address (P.O. Box Number is Not Acceptable)
806A East Wade Street

Suite, Apt. #, Etc.

City
Trenton

State
FL

Zip Code
32693

☐ The 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

REGISTERED AGENT MUST SIGN

Date **8/25/07**

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
D	C. Winston Bailey, Jr.	806A East Wade Street	Trenton, FL 32693

200107811362
08/09/07--01026--015 **2100.00

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 contained in Chapter 119, 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 #