

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 DEC 17 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000081399**

1. Corporation Name

**MOTIVATED SPORTSMEN, INCORPORATED**

Principal Place of Business

**4649 HEATHERWOOD WAY  
PACE FL 32571**

Mailing Address

**4649 HEATHERWOOD WAY  
PACE FL 32571**

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable  
**P.O. BOX 2200**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/18/1995**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**PACE, FL**

5. FEI Number

**59-3347815**

Applied For

Not Applicable

Zip

Country

Zip

**32571**

Country

**USA  
SANTA ROSA**

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<b>D</b>	<b>JONES, JOHNNY W</b>	<b>4649 HEATHERWOOD WAY</b>	<b>PACE FL 32571</b>
<b>D</b>	<b>WOOD, JOHN R</b>	<b>4950 WINDING WAY</b>	<b>PACE FL 32570</b>

5000002383785-4  
-12/26/97-01097-021  
\*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**STEWART, DANIEL  
310 ELMIR STREET  
MILTON FL 32570**

9. Name and Address of New Registered Agent

Name

**S. RICK FAIRCLOTH**

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

**4430 HIGHWAY 90, SUITE H**

Suite, Apt. #, Etc.

City

**PACE**

State

**FL**

Zip Code

**32571**

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **12-16-97**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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.

**JOHNNY W. JONES**

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-16-97**  
Date

**850-975-8848**  
Daytime Phone #

CR2E040 (8/97)