

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000010314**

1. Corporation Name

Mossy Hammock Lodge, Inc.

2. Principal Office Address

Route 1 Box 545

Suite, Apt. #, etc.

City & State

Perry, Florida

Zip

32347

Country

Taylor

3. Mailing Office Address

P.O. Box 37190

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32315

Country

Leon

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-1796687

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED

'05 MAR 18 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EDUU48701966
03/21/05--01002--002 **1358.75

7. Name and Address of Current Registered Agent

Name

Ken W. Davis

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

210 E. College Ave.

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32301

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

Ken W. Davis

Date **03-18-2005**

REGISTERED AGENT MUST SIGN

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
P/D	Bruce Curry	1619 Hauck Road	Perry, Florida 32347
V/D	Chris Grambling	P.O. Box 238	Perry, Florida 32347
S/T/D	Ken W. Davis	210 E. College Ave.	Tallahassee, Florida 32301
D	George Curry	3351 Foley Cut Off Road	Perry, Florida 32347
D	John Curry, Sr.	1350 Holt Road	Perry, Florida 32347
D	Tom Baumgardner	147 King Fisher LN	Perry, Florida 32347

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 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:

Ken W. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-18-2005

Date

850-222-6026

Daytime Phone #

CR2E081 (01/04)