

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 26 AM 9:58

DOCUMENT # P97000019897

1. Corporation Name

Outdoor Industries, Inc.

2. Principal Office Address

11350 Manatee Ter.

Suite, Apt. #, etc.

3. Mailing Office Address

11350 Manatee Ter.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth

Zip

33467

Country

U.S.A.

Zip

33467

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03-04-97

5. FEI Number

65-0734737

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

Thomas B. Cox

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

11350 Manatee Ter.

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

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

Thomas Cox

REGISTERED AGENT MUST SIGN

Date

6-21-00

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 | Thomas B. Cox | 11350 Manatee Ter. | Lake Worth, FL 33467 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Cox

Date

6-21-00

Daytime Phone #

561/602-0362