

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 15 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 19800005941

1. Corporation Name

JLH OUTDOOR, INC.

REINSTATEMENT 01-03

800023831828
10/15/03--01075--034 **1050.00

2. Principal Office Address

36181 EAST LAKE RD

Suite, Apt. #, etc.

SUITE 185

City & State

PALM HARBOR, FLA

Zip

34685

Country

USA

3. Mailing Office Address

36181 EAST LAKE RD

Suite, Apt. #, etc.

SUITE 185

City & State

PALM HARBOR, FLA

Zip

34685

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1998

5. FEI Number

59-3500211

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

GARY BARBOSA

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

36181 EAST LAKE ROAD

Suite, Apt. #, Etc.

SUITE 185

City

PALM HARBOR

State

FL

Zip Code

34685

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/1/03

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
<u>PRES</u>	<u>GARY J. BARBOSA</u>	<u>4185, [unclear] 36181 EAST LAKE RD</u>	<u>PALM HARBOR, FLA 34685</u>
<u>VICE PRES</u>	<u>JAN MOORE</u>	<u>P.O. BOX 614</u>	<u>STATESBORO, GA 30459</u>

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: GARY J. BARBOSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/03 727-787-2158
Date Daytime Phone #

CR2E081 (10/02)

7/10/17