

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000052726

1 Corporation Name
OUTDOOR HOLDINGS II, INC.

FILED

99 OCT 11 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6125 HANSEL AVE 6125 HANSEL AVE
ORL FL 32809 ORL FL 32809

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
6125 HANSEL AVE 6125 HANSEL AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ORL FL ORLANDO FL
Zip Zip Country Country
32809 USA 32809 USA

REINSTATEMENT

4 Date Incorporated or Qualified To Do Business in Florida 6.10.98
5 FEI Number 59-3516458 Applied For Not Applicable
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S	LORI A. HODGSKIN	908 Rosser Rd	Windeemere FL 34786
V/T	RICHARD A. FENDER	500-29th St.	ORL FL 32805

700003015187-5
-10/14/99--01090-010
****750.00 ****750.00

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

LORI A. HODGSKIN
6125 HANSEL AVE.
ORLANDO FL 32809

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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
REGISTERED AGENT MUST SIGN

Date 10.6.99

11 This corporation owes 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.

SIGNATURE: Lori A. Hodgskin, Pres. 10.6.99 407-857-1610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE

CR2E081 (12/98)