

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -3 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077741

1. Corporation Name

Thunder Bay Enterprises, Inc.

2. Principal Office Address

7167 Landmark Dr.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip 34606

Country USA

3. Mailing Office Address

7167 Landmark Dr.

Suite, Apt. #, etc.

City & State

Spring Hill FL

Zip 34606

Country USA

REINSTATEMENT

99-03

400023549714

10/03/03--01069--032 **1358.75

4. Date Incorporated or Qualified
To Do Business in Florida

9-2-98

5. FEI Number

65-0862699

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

Charles Williamson

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

5130 Broad St.

Suite, Apt. #, Etc.

City

Brooksville

State
FL

Zip Code

34601

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

Charles Williamson

Date 9-30-03

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
Director Pres	Nancy Williamson	5130 Broad St.	Brooksville, FL 34601
Director V.P.	Charles Williamson	5130 Broad St.	Brooksville, FL 34601
T-S			

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:

Nancy Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-03

Date

352-684-4880

Daytime Phone #

CR2E081 (10/02)

21 10/7