

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

99-00AR

FILED

00 JUN 14 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000077803

1. Corporation Name

The Sportsman of Perdido, Inc.

2. Principal Office Address

1 Doug Ford Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1 Doug Ford Dr.

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32507

Country

Escambia

Zip

32507

Country

Escambia

4. Date Incorporated or Qualified  
To Do Business in Florida

9/9/98

5. FEI Number

59-3532821

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

Kenny Szach

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

1 Doug Ford Drive

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

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

*Kenny Szach*

REGISTERED AGENT MUST SIGN

Date 6/7/00

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
Pres./Off.	Kenny Szach	1 Doug Ford Drive	Pensacola FL 32507
VP/Sec.	Joe Slater	1 Doug Ford Drive	Pensacola, FL 32507

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

6/7/00

Date

850/492-123

Daytime Phone #

CR2E081 (9/99)