


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 13 PM 6:15

DOCUMENT # **P98000077803**

1. Corporation Name

THE SPORTSMAN OF PERDIDO, INC.

Principal Place of Business

Mailing Address

1 DOUG FORD DRIVE
PENSACOLA FL 32507

1 DOUG FORD DRIVE
PENSACOLA FL 32507



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1998

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/T	SZUCH, KENNY <i>Remove</i>	1 DOUG FORD DRIVE	PENSACOLA FL 32507
VPS P/T/S	SLATER, JOE	1 DOUG FORD DRIVE	PENSACOLA FL 32507

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SZUCH, KENNY~~
~~1 DOUG FORD DRIVE~~
~~PENSACOLA FL 32507~~
Remove

Name

THOMAS J. SCAVONE

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

1 DOUG FORD DR.

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32507

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

Thomas J. Scavone
REGISTERED AGENT MUST SIGN

Date **11-9-01**

11. 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:

Joe Slater
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



October 19, 2001

Florida Department of State
Division of Corporations
Annual Report
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

The Sportsman of Perdido, Inc. has completed and returned a Uniform Business Report for 2001. Our first report was returned to us because we made a mistake filling out the report. Your office kept our \$150.00 payment and asked us to make the necessary changes and return the corrected form to your office. We mailed the corrected form about two months ago. However, after talking to your office we have learned that you did not receive our updated information. I have enclosed a copy of the cleared check as well as the updated information that you require. If you have any questions about this matter please feel free to call me.

Sincerely,

Brian Stephenson
Director of Operations