

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 14 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000098677

**1. Corporation Name**

TURKEY CREEK OUTDOOR ADVENTURES, INC.

**2. Principal Office Address**

16700 Sandhill Road

Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip

34787

Country

USA

**3. Mailing Office Address**

16700 Sandhill Road

Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip

34787

Country

USA

**REINSTATEMENT**

00-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11-20-1998

**5. FEI Number**

59-3550298

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

Peter N. Smith, Esq.

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

Gurney & Handley, PA, 225 East Robinson Street

Suite, Apt. #, Etc.

Suite 450

City

Orlando

State  
FL

Zip Code  
32801

**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

*Peter N. Smith*

Date

May 7, 2003

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
P/D	John F. Sewell	16700 Sandhill Road	Winter Garden, FL 34787
VP/D	Patricia Ann Sewell	16700 Sandhill Road	Winter Garden, FL 34787
D	John L. Sewell	225 East Robinson Street Suite 450	Orlando, FL 32801

**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:**

*John F. Sewell*

JOHN F SEWELL

Date

5/5/03

Daytime Phone #

407 466 4709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 5/21

CR2E081 (10/02)