

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT -9 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V05552**

1. Corporation Name

**Southern Sportsman Plow Inc.**

2. Principal Office Address

**7 mi N. US HWY 9 N**

Suite, Apt. #, etc.

City & State

**Cheifland FL.**

Zip

**32626**

Country

**USA**

3. Mailing Office Address

**Po Box 1128**

Suite, Apt. #, etc.

City & State

**Cheifland R.**

Zip

**32626**

Country

**USA**

**REINSTATEMENT 02**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

**57-3114968**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**J GARDNER STUCKEY**

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

**120 11 ST.**

Suite, Apt. #, Etc.

City

**LIVE OAK FL.**

State

**FL**

Zip Code

**32060**

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

**10-7-02**

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
PST	J GARDNER STUCKEY	120 11 ST	LIVE OAK FL. 32060

700008282707-5  
-10-03-02 01002 00  
\*\*\*750.00 \*\*\*750.00

*[Handwritten Signature]*

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-7-02**

Daytime Phone #

CR2E051 (9/01)