

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 26 AM 8:27

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005628**

1. Corporation Name
O'BANNON SNOOK TOURNAMENT AT CABBAGE KEY, INC

2. Principal Office Address - No P.O. Box # 13771 Waterfront Dr.		3. Mailing Office Address P.O. Box 410	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pineland, FL		City & State Pineland, FL	
Zip 33945	Country US	Zip 33945	Country US

400147542004
03/26/09--01020--005 **665.00
REINSTATEMENT 02-09ks

4. Date Incorporated or Qualified To Do Business in Florida 12/15/93	
5. FEI Number 65-0460581	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Charles B. Edwards

Street Address (P.O. Box Number is Not Acceptable)
2075 W. First St., Ste. 100

Suite, Apt. #, Etc.

City
Fort Myers, FL

State
FL

Zip Code
33901

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Date 3-23-09

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
D	Robert Wells	P.O. Box 410	Pineland, FL 33945
D	Phillip O'Bannon	P.O. Box 410	Pineland, FL 33945
D	Charles Edwards	P.O. Box 1605	Ft. Myers, FL 33902

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 contained in Chapter 119, 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: Date 3-23-09 239-334-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #