

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S11053

1. Corporation Name
LOGGERS RUN UNLIMITED, INC.

2. Principal Office Address - No P.O. Box # 6050 SHILOH UNITY RD.		3. Mailing Office Address 6050 SHILOH UNITY RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LANCASTER SC		City & State LANCASTER SC	
Zip 29720	Country US	Zip 29720	Country US

FILED
08 OCT 21 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08
CR2E081 (10/08)

4. Date Incorporated or Qualified To Do Business in Florida | **11/02/1990**

5. FEI Number **65-0227722** 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
WALTER H. MESSICK, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1900 CORPORATE BLVD.

Suite, Apt. #, Etc.
SUITE 305 WEST

City
BOCA RATON

State
FL

Zip Code
33431

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 *Walter H. Messick* Date **10-20-08**

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
PTSD	KIM WOTRING	6050 SHILOH UNITY RD.	LANCASTER SC 29720

200137131422
10/21/08--01025--009 **300.00

Kim Wotring 10/21

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: *Kim Wotring* **KIM WOTRING** 10-20-08 980/322-5970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #