

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY -9 PM 3: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name **Ferrell Development, Inc.**  
**P960000002M1**

2. Principal Office Address **875 Highway 78 West**  
Suite, Apt. #, etc.

3. Mailing Office Address **875 Highway 78 West**  
Suite, Apt. #, etc.

City & State  
**Okeechobee, FL**

City & State  
**Okeechobee, FL**

Zip Country  
**34974 Okeechobee**

Zip Country  
**34974 Okeechobee**

4. Date Incorporated or Qualified To Do Business in Florida **10/26/1995**

5. FEI Number  Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT 97-05**

**7. Name and Address of Current Registered Agent**

Name **Sam T. Ferrell**  
Street Address (P.O. Box Number is Not Acceptable) **875 Highway 78 West**  
Suite, Apt. #, Etc.

**300054678883**  
**05/17/05--01055--002 \*\*19.00**

City **Okeechobee**

State **FL** Zip Code **34974**

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 **[Signature]**  
REGISTERED AGENT MUST SIGN

Date **4/5/05**

**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
PTD	Sam T. Ferrell	875 Highway 78 West	Okeechobee, FL 34974
VD	Lem Ferrell	1165 Highway 98 78 West	Okeechobee, FL 34974
SD	Jason Ferrell	1165 Highway 98 78 West	Okeechobee, FL 34974

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)(l), 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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/5/05** Daytime Phone # **863-634-0714**

CR2E081 (01/05)