

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM D

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 OCT 27 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1002936

1. Corporation Name

BRADFORD-UNION CATTLEMAN'S ASSOCIATION, INCORPORATED

2. Principal Office Address

5816 NW 230TH STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAWTEY, FLORIDA

City & State

Zip
32058

Country
BRADFORD

Zip

Country

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

5/8/1994

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

RAY NORMAN

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

5816 NW 230TH STREET

Suite, Apt. #, Etc.

City

LAWTEY

State

FL

Zip Code

32058

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

Ray Norman
REGISTERED AGENT MUST SIGN

Date 10/19/06

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
PD	ERIC CRAWFORD	3969 NW CR 233	STARKE, FL 32091
SD	DONALD HARRIS	19472 NW 42ND AVE	STARKE, FL 32091
D	EDDIE ODEN	19645 NW CR 235	LAKE BUTLER, FL 32054
D	WILBUR ANDREWS	14509 SW 161ST STREET	BROOKER, FL 32622
D	CONNIE WIGGINS	756 W MARKET ROAD	STARKE, FL 32091
D	BARRY WHITEHEAD	1051 NW 213TH STREET	LAKE BUTLER, FL 32054

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:

Eric Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC CRAWFORD

10/19/06 904-966-6280

Date

Daytime Phone #