

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 APR 11 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 159781

1. Corporation Name

Russell's, Incorporated

2. Principal Office Address

37337 Turner Drive

Suite, Apt. #, etc.

City & State

Umatilla, FL

Zip

32784

Country

USA

3. Mailing Office Address

P.O. Box 667

Suite, Apt. #, etc.

City & State

Eustis, FL

Zip

32727

Country

USA

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

December 12, 1949

5. FEI Number

59-0608385

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

Richard R. Livingston

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

25 E. Magnolia Avenue

Suite, Apt. #, Etc.

City

Eustis,

State

FL

Zip Code

32726

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

REGISTERED AGENT MUST SIGN

Date April 7, 2000

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	Nelda F. Livingston	607 Arlington Court	Eustis, FL 32726
P	Richard R. Livingston	37337 Turner Drive	Umatilla, FL 32784
S/T	Carla K. Livingston	607 Arlington Court	Eustis, FL 32726

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD R. LIVINGSTON

Date

4/7/00

Daytime Phone #

1-352-357-4226

CR2E081 (9/99)