

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 159781

1. Entity Name  
RUSSELL'S INC.



FILED

08 OCT 30 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
37337 TURNER DRIVE  
UMATILLA, FL 32784

Mailing Address  
37337 TURNER DRIVE  
UMATILLA, FL 32784

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 08

4. FEI Number  
59-0608385

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIVINGSTON, RICHARD R  
37337 TURNER DR  
UMATILLA, FL 32784

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D  
LIVINGSTON, NELDA F  
STREET ADDRESS  
607 ARLINGTON COURT  
CITY-ST-ZIP  
EUSTIS, FL 32726 ☐ Delete

TITLE  
NAME  
600137479486  
STREET ADDRESS  
10/30/08--01025--008 \*\*750.00 ☐ Change ☐ Addition

TITLE  
NAME  
P  
LIVINGSTON, RICHARD R  
STREET ADDRESS  
37337 TURNER DR  
CITY-ST-ZIP  
UMATILLA, FL 32784 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
ST  
LIVINGSTON, CARLA K  
STREET ADDRESS  
17 EAST BAY AVENUE  
CITY-ST-ZIP  
YALAH, FL 34797 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/08  
Date

352-589  
1582  
Daytime Phone #

10/31