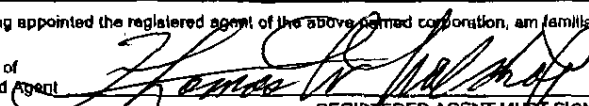
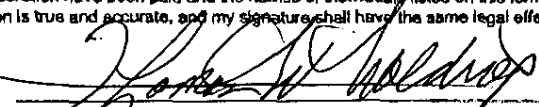


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 363750				
1. Corporation Name Jacksonville Livestock Auction Company, Inc.				
2. Principal Office Address 1172 Halsena Road Suite, Apt. #, etc.		3. Mailing Office Address 1172 Halsena Road Suite, Apt. #, etc.		
City & State Whitehouse, Florida		City & State Whitehouse, Florida		
Zip 32220	Country USA	Zip 32220	Country USA	
		4. Date Incorporated or Qualified To Do Business In Florida 5/7/70		
		5. FEI Number 591307703		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 Thomas W. Waldrop				
Street Address (P.O. Box Number is Not Acceptable) 1172 Halsena Road				
Suite, Apt. #, Etc.				
City Whitehouse		State FL Zip Code 32220		
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 		Date 1-24-02		
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
P/D	Thomas W. Waldrop	9408 Commonwealth Avenue		Jacksonville, FL 32220
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)(b), 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: 		Date 1-24-02		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 786-4933		

CR25081 (9/01)