

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 JUN 21 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500104889685
06/26/07--01047--023 **\$12.50

REINSTATEMENT

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **769095**

1. Corporation Name

607-28044

2. Principal Office Address - No P.O. Box # 375 N. SUNSET DR.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MONTICELLO, FL		City & State	
Zip 32344	Country JEFFERSON	Zip	Country

98-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-2423109

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
CARL HANKS

Street Address (P.O. Box Number is Not Acceptable)
375 N. SUNSET DR

Suite, Apt. #, Etc.

City
MONTICELLO, FL

State
FL

Zip Code
32344

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Carl Hanks* Date **6/20/07**

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
PRES	CARL HANKS	375 N SUNSET DR	MONTICELLO, FL 32344
VP	ARNOLD BURKHART	310 E. DOGWOOD ST	MONTICELLO, FL 32344
SEC	ELIZABETH ROBINSON	1020 E. PEARL ST	MONTICELLO, FL 32344
TREAS	G. GENE GREENWOOD	485 N. CHERRY CT	MONTICELLO, FL 32344

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: *Carl Hanks* Date **6/20/07** Daytime Phone # **997-7410**

SIGNATURE AND TYPED OR-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR