


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W0300014249		FILED 05 MAY -4 PM 2: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100054509511 05/13/05--01046--004 **542.50	
DOCUMENT # 1. Corporation Name Liberty County Farm Bureau 499 790897					
2. Principal Office Address PO Box 721 Suite, Apt. #, etc.		3. Mailing Office Address PO Box 721 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/10/1964	
City & State Bristol, FL		City & State Bristol Florida		5. FEI Number 596194531	
Zip 32321	Country Liberty	Zip 32321	Country Liberty	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Betty J. Lunsford					
Street Address (P.O. Box Number is Not Acceptable) PO Box 721 19089 NW CR 379					
Suite, Apt. #, Etc. 19089 NW CR 379					
City Bristol				State FL	Zip Code 32321
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 Betty J. Lunsford				Date 3-11-05	
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		
S/E	Debbie Duggar	17992 NW CR 12	Bristol, FL 32321		
D	Eubanks, Wilhoit	10851 NW Jimmy Lee Ln	Bristol, FL 32321		
D	Schmarje, Jeffery	10992 NW Schmarje Ln	Bristol, FL 32321		
D	Stoutamire, Tommy	Rt 1 Box 72	Hosford, FL 32334		
D	Sumner, Amos	19506 NE Old Blue Creek Rd	Hosford FL 32334		
D	Foran A/Vln	16846 NW CR 379	Bristol FL 32321		
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: Debbie Duggar		3/11/05		487/1756	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2001 (01/05)