PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 16 PM 12:39

DOCUMENT # **815442**

1. Corporation Name

T.L. JAMES & COMPANY, INC.

Principal Place of Business	Mailing Address
106 WEST MISSISSIPPI AVE. RUSTON LA 71270	P.O. BOX 1260 RUSTON LA 71273-1260

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 07/18/1961

5. FEI Number: 72-0221900 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~SD~~ D	JAMES, G.W., JR.	106 W. MISSISSIPPI AVE	RUSTON LA
~~SD~~ D	LOVE, JIMMY	106 W MISS AVE	RUSTON LA
~~VPT~~ PD	BOSPFLUG, LANCE F	106 W. MISSISSIPPI AVE.	RUSTON LA
~~V~~ VT	~~SUMLER, JACK~~ HICKMAN, RICKEY G.	106 W. MISSISSIPPI AVENUE	RUSTON LA
~~PD~~ VS	~~DEASY, WILLIAM J~~ BRANTLEY, RICHARD G.	~~106 JAMES DR.~~ 106 West Mississippi Ave.	~~ST. ROSE LA~~ Ruston, LA 71270
~~VD~~ D	FOLK, T. J.	106 W MISS AVE	RUSTON LA

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code: FL

000003058910--5
-12702799--01056--011
****750.00 ****750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Steven C. Patterson Special Assistant Secretary — Date: 11-01-99
REGISTERED AGENT MUST SIGN

11. 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.

AD

SIGNATURE: Richard B. Hickman REQUIRED — 11-11-99 — (318) 255-7712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #