

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

97 NOV 10 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F92310**

1. Corporation Name
NORTH FLORIDA FARMERS LIVESTOCK MARKET, INCORPORATED

Principal Place of Business ELLISVILLE ROUTE 3 BOX 158 LAKE CITY FL 32055 US	Mailing Address ATED CORPORATED ROUTE 3 BOX 158 LAKE CITY FL 32055-9439 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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



REINSTATEMENT 97

4. Date Incorporated or Qualified To Do Business in Florida	07/28/1982
5. FEI Number	59-2198938
Applied For	<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BENNETT, MARYLENA	1172 HALESEMA NORTH	JACKSONVILLE, FL 00000
D	HOSFORD, BETTY	1792 E DADE ST	LAKE CITY, FL 00000
DP	WALDROP, THOMAS W	9408 COMMONWEALTH AVE	JACKSONVILLE, FL 00000
400002346474--2 -11/13/97--01070--014 ***750.00 ***750.00 <i>[Signature]</i> 11/12			

8. Name and Address of Current Registered Agent WALDROP, THOMAS W. 9408 COMMONWEALTH AVENUE JACKSONVILLE FL 32220	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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: *[Signature]* Date: **11-6-97**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(l), 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **11-6-97** Daytime Phone #: **1904-755-3576**

CR2E040 (8/87)