

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 16 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92310

1. Corporation Name

NORTH FLORIDA FARMERS LIVESTOCK MARKET, INCORPORATED

Principal Place of Business

Mailing Address

ELLISVILLE
ROUTE 3 BOX 158
LAKE CITY FL 32055
US

ATED CORPORATED
ROUTE 3 BOX 158
LAKE CITY FL 32055-9439
US

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1982

5. FEI Number

59-2198938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. A fee must be paid 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	BENNETT, MARYLENA	1172 HALESEMA NORTH	JACKSONVILLE FL
D	HOOFFORD, BETTY DECEASED	1702 E DADE ST	LAKE CITY FL
DP	WALDROP, THOMAS W	9408 COMMONWEALTH AVE	JACKSONVILLE FL
D	LEONARD, CAROLINE P.	11678 161st ROAD	Live Oak, FL 32060
			100003060471--3
			-12/03/99--01089--022
			***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALDROP, THOMAS W
9408 COMMONWEALTH AVENUE
JACKSONVILLE FL 32220

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Thomas W. Waldrop
REGISTERED AGENT MUST SIGN

Date 10/24/99 904-765-3576

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 presented on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Caroline P. Leonard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/99 904-772-146
Date Daytime Phone #