PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JAN 29 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92310

1. Corporation Name

North Florida Farmers Livestock Market, Incorporated

400004883074--5
-02/06/02--01023--019
****900.00 ****900.00

2. Principal Office Address	3. Mailing Office Address
Route 3, Box 158	Route 3, Box 158
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City, Florida	City & State: Lake City, Florida
Zip: 32055 Country: USA	Zip: 32055 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/28/82

5. FEI Number: 592198938 ☐ 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: Thomas W. Waldrop

400004883074--5
02/06/02--01023--020
*****8.75 *****8.75

Street Address (P.O. Box Number is Not Acceptable): 9408 Commonwealth Avenue

REINSTATEMENT 01-02

Suite, Apt. #, Etc.

City: Jacksonville | State: FL | Zip Code: 32220

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: Thomas W. Waldrop Date: 1-24-02
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
D	Marylena Bennett	1172 Halsena North	Jacksonville, FL 32220
D/P	Thomas W. Waldrop	9408 Commonwealth Avenue	Jacksonville, FL 32220
D	Caroline P. Leonard	11678 161st Road	Live Oak, FL 32060

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.

Home 786-4933

SIGNATURE: Thomas W. Waldrop 1-24-02 781-4677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #