

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY -4 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003695

1. Corporation Name

Texas Boot, Inc.

2. Principal Office Address

299 Plus Park Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Nashville, TN

City & State

Zip

37138

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
52-2007094

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

JENNIFER F AULTMAN
ASSISTANT SECRETARY

Date

4-13-01

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
Pres	Billy T. Whitlock	299 Plus Park Blvd, Ste 100	Nashville, TN 37217
Sec	Donnie G. Taylor	299 Plus Park Blvd, Ste 100	Nashville, TN 37217
Asst Sec	James L. McElroy	299 Plus Park Blvd, Ste 100	Nashville, TN 37217
Dir	Michael J. Vogel	299 Plus Park Blvd, Ste 100	Nashville, TN 37217
VP	Henry T. Shearon, Jr.	299 Plus Park Blvd, Ste 100	Nashville, TN 37217

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)