

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
2001/10/29
 Katharine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

192

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DOCUMENT # **F98000005897**

1. Corporation Name

TERRIL PUTTER CO., INC.

Principal Place of Business

Mailing Address

5406 JULIA LANE
 LAND O' LAKES FL 34639

5406 JULIA LANE
 LAND O' LAKES FL 34639



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

08/29/01 90005029 #150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

43-1787509

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
PCD	TERRIL, TERRY	5406 JULIA LANE	LAND O' LAKES FL
D	GEOGHEGAN, DENNIS	5406 JULIA LANE	LAND O' LAKES FL
SD	SHEARER, LEONARD C	5406 JULIA LANE	LAND O' LAKES FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name **TERRY TERRIL**
 Street Address (P.O. Box Number is Not Acceptable)
5406 JULIA LANE
 Suite, Apt. #, Etc.
LAND O' LAKES, FL
 City State Zip Code
FL 34639

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]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

10-20-01

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.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-01

CH2E000 (8/01)