

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 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** J58129

**1. Corporation Name**

FORT DRUM GENERAL STORE, INC.

**2. Principal Office Address**

298 NE 325 Trail

**3. Mailing Office Address**

32601 Hwy 441 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee FL

City & State

Okeechobee FL

Zip

34972

Country

Okeechobee

Zip

34972

Country

Okeechobee

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

2/20/87

**5. FEI Number**

59-2806208

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$975 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 99-01**

**7. Name and Address of Current Registered Agent**

Name

Susan Collins

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

32601 Hwy 441 N

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34972

100004271671-1  
-05/18/01--01104--003  
\*\*\*\*150.00 \*\*\*\*150.00

**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

Susan Collins

Date 4/10/01

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	Collins, Susan	298 NE 325 Trail	Okeechobee FL 34972

100004271671-1  
-05/18/01--01104--004  
\*\*\*\*935.00 \*\*\*\*900.00

**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:**

Susan Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 (863) 763-8900

Date

Daytime Phone #

CR2E081 (9/99)