PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 OCT 16 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L23627

1. Corporation Name

THE TACK ROOM INC.

Principal Place of Business	Mailing Address
212 N BRAOD ST BUSHNELL FL 33513 US	212 N BROAD ST BUSHNELL FL 33513 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
16108 N.W. Hi 225	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 16108 N.W. Hi 225
City & State Reddick, FL	City & State Reddick, FL
Zip 32686	Zip 32686
Country USA	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/16/1989

5. FEI Number: 59-2974184 ☐ Applied For ☐ Not Applicable

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
PC	ALLEN, CURTIS	218 N. BROAD ST.	BUSHNELL FL
VDS	ALLEN, BRENDA E.	218 N. BROAD ST.	BUSHNELL FL
VPT	BEAVERS, CARYL	~~212 N BROAD ST~~ 116 Bushnell Plaza	BUSHNELL FL 33513
			900004659719--2 -10/30/01--01086--008 ****750.00 ****750.00
			REINSTATEMENT 01

8. Name and Address of Current Registered Agent

ALLEN, CURTIS
218 NORTH BROAD STREET
BUSHNELL FL 33513

9. Name and Address of New Registered Agent

Name: Allen, Curtis
Street Address (P.O. Box Number is Not Acceptable): 16108 N.W. Hi 225
Suite, Apt. #, Etc.:
City: Reddick | State: FL | Zip Code: 32686

CR2E040 (8/01)

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 REQUIRED Curtis Allen Date: 10-15-01
REGISTERED AGENT MUST SIGN

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.

MW

SIGNATURE: Caryl E Beavers SIGNATURE REQUIRED 10-15-01 (352) 793-8003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #