## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## CORPORATION REINSTATEMENT

## FLORIDA DEPARTMENT OF STATE Secretary of State

**DIVISION OF CORPORATIONS** 

FLORIDA RAILROAD SERVICES CAMPENT P O BOX 1267, 416 NORTH MAIN ST TRENTON FL 32693 03 SEP -3 PM 12: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FEI NUMBER 59-3316707

CERTIFICATE

SIGNATURE: 9

YES \$8.75

NO...

REINSTATEMENT 02	- D
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,	BLYDE S FORBES  Street Address (P.O. Box Number is Not Acceptate P O BOX 1267  Suite, Apt. #, Etc.		300022766703 09/04/0301093011 ***90}.75
	TRENTON		FL 32693
Signature of	Agent	corporation, am familiar with and accept the obligation	ons of section 607.0505 or 617.0503, F.S.  Date
9. Names	and Street Addresses of Each Officer and/or Director	r (Florida nonprofit corporations must list at least 3 o	lirectors)
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
TRES PRES	CLYDE S FORBES	416 NORTH MAIN ST	TRENTON FL 32693
VP SEC	bradley & FORBES	4_16 NORTH MAIN ST	TRENTON FL 32693

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7. Name and Address of Current Registered Agent

x 9/3

8-28-03

352-463-1103

Daytime Phone #

R2E081 (10/02)